VS A15 (4) 1SM 9/S5 W

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13424 CERTIFICATE OF DEATH

1342-141 Reg. Dist. No.

		<i>5</i> <u>1</u>			MAR' PINI IA	0.
1. PLACE OF DEATH	rince George's	MARYLAN	A STATE	here deceased lived. If instituti b. COUNTY		fore admission) George † S
	(If outside corporate limits, write	c. LENGTH OF STAY IN 1		outside corporate limits, write f		
Hvattsvil	le Md	2 years	/5 Hy	rattsville, Mo	1.	
	ITAL (If not in bosnito), nive street		d. STREET ADDRESS	Nicholson St		e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Harry	Paul Middle	Allman	4. DATE Mor	11, 195	7 Yeor
5. SEX male	6. COLOR OR RACE 7. MAR White WIDOW		1	9. AGE (In years lost birthday) 59 yrs.	Months Days	Hours Min.
100. USUAL OCCUPAT during most of wo Parked ca	ION (Give kind of work done 10b. orking life, even if retired)	KIND OF BUSINESS OF IN hington Univ	DUSTRY 11. BIRTHPLACE (Store	t Virginia		OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
F	Fernando Allman	1	Sophia	Host		
	/ER IN U. S. ARMED FORCES? 16.		Virginia Lee	Allman Hyatt	sville	Md.
Conditions, if gove rise to couse (o), stating lying couse lost	g the under-	acciden	BUT NOT RELATED TO THE TERM	ninal disease condition gi	01	ITERVAL BETWEEN NSET AND DEATH 3 LEETS.
S			RRED. (Enter noture of injusy in			PERFORMED? YES NO
THE EITHER, NOTIF	VAS UNDERLYING (1) IG (1) CAUSE OF DEATH Y MEDICAL EXAMINER)					
20c. TIME OF INJU	. While	Not while	PLACE OF INJURY (Home, for factory, street, affice bldg., et		{Count	y) (Stote)
21. I certify	that I attended the decea	-	19 <u>3</u>), ta <u>f</u>	M, fram the causes		saw the deceased
ACTUAL SIGNATURE	@ Doets		M.D. 1+50	ADDRESS (Street, ethy or lown,	"Ol 10	2-12-17
PHYSICIAN'S NAME (Type)	AARON 3	DEITZ, M.	D. '			
270. BURIAL, CREMATI BURIAL Specif	Dec 13, 195	7 Fort Line	oln Cemetery	Colmar Mano	r, Md.	(Stote)
23. FUNERAL DIRECTO		ADDRESS attsville, M		D BA BEOLEMAN SAP BEC	MESTRAR'S SIGNAT	eoere,
	N-5-9115			- 1/		13

MARYLAND STATE DEPARTMENT OF HEALTH-BALTHOUSES, IN

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13422

CERTIFICATE OF DEATH 13440 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Prince Georges Maryland Prince Ganngas b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) Cheverly Colmar Manor d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE Prince Geroges General Hospital Lawrence St YES NO NO NAME OF Middle 4. DATE Last Day Year Month DECEASED OF DEATH (Type or print) Rose Alvey 57 Dec. 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED HE UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Haura White WIDOWED T DIVORCED T 20 Sept. 1887 70 Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) US Maryland Own Home 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Richard J. Hancock Elizebath Baily 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Edward F. Alvey Same as none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2 weeks DUE TO Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the under-ATERIOSCLEMOTIC HEART DISEASE lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES THO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) (State) Hour a.m. factory, street, office bldg., etc.) Nat while at work at work 1953, to Dec 9 21. I certify that I attended the deceased from Jane 1957, that I last saw the deceased and Mot death occurred of 3, 104 M, from the causes and on the date stated above. ACTUAL Z NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BATHE VAR (Specify) Dec 11, 1957 Cedar Hill Cemetery Suitland Md 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2464 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

DATE

Hyattsville, Md.

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VS A15 (4) 15M 9/55 圈

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
4044	4				

13441 CERTIFICATE OF DEATH

Reg. Dist. No. 13423

1. PLACE OF DEATH a. COUNTY Frince Geo:	rge		M	ARYLAND	2. USUAL RESIDI		Prince	b. COUNTY		e before od	mission)
b. CITY OR TOWN (III RURAL ond give ne Cheverly	faultide corporate limit tarest tawn)	ts, write	c. LENGTH OF ST	AY IN 16	1	OWN (If a	outside corpo	rate limits, write I	RURAL and gi	ve negresi t	awn)
d. NAME OF HOSPITA	AL (If not in hospital, google orge Genera		address)		d. STREET AD Box 107	DRESS	2		1		RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Et ta	st	, Mid	idle	Andrews	3	4. DATE OF DEATH	Dec.		Day	Year 1957
5. sex Female	6. COLOR OR RACE White	7. MARR	NEVER MA	RRIED	9-4-1.8	86		9. AGE (In years last birthdoy) 71 yrs	Months (YEAR IF UI	NDER 24 HRS.
Housewi	ting life, even if retired)	lane 10b.	At hom			Wash	1.D.C			U.S.A	HAT COUNTRY?
13. FATHER'S NAME	KKK Lamue	el D	ennison		Unkno		JAME				
15. WAS DECEASEDEVER	R IN U. S. ARMED FOR		None		mes E.	Andr	ews,		#3 BC	into x #5	n. Md. 97L
NA CANADA	the <u>under</u> DUE TO (c) IER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO						VEN IN PART	PEI	AS AUTOPSY REORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a, m, p, m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Doy, Yea		NJURY OCCURRED Nat while	20e. PL/	ACE OF INJURY (H	ome, form	. 20f. (City		(Ce	ounty)	(Stote)
	Herny Dr. Henry	R. 195			#19J7 occurred at 4 M.D. 905 S Chill	heri	dan dan	n the couses treet, city ar town	ond on th		he deceased ated abave. DATE SIGNED /10/19!
220. BURIAL, CREMATION BENOVAL (Specify)	12/13/1		22c. NAME OF C		R CREMATORY Cemete	ry		tion (City, town, land Ro			slote) eorges
23. FUNERAL DIRECTOR'S W.W.Chamb	s signature Dens Compa	any,	ADDRESS Washin	gton,	D.C	3	DEC-1 2		ISTRAR'S SIG	NATURE O	· Md ·

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13505

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13424

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LED.	DIST.	INO.	

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where decased lived. If institution: Revidence-before admission)
	o. COUNTY (Prince George MARYLAND	O. STATE More Laure & COUNTY June George
	b. CITY OR TOWN III butside carporate limits, with BURAL DENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and givenedest lawn)
F	d. NAME OF HOSPITAL OR MATHUMON (If not in hospital, give street address)	d. STREET ADDRESS OF CON A FARM?
	4900 allis line	4900 Clas and YES NO Y
-	3. NAME OF DECEASED (Type or print) POCCO (Architecture)	touchli de Day Year Death Day Year 1957
K	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B WIDOWED DIVORCED A	PATE OF BIRTH St. 1895 9. AGE Itn years IFUNDER 14 AR IF UNDER 24 IRS. John brithdoy) a Months Days Hours Min.
)	100. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUST during host of warking tipl even if retired)	11. BIRTHMACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IT	vely Smith, same cest
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
	491X DUE TO	1 2 2 2 1
7	Conditions, if any, which gave rise to immediate cause (b) alleffees	blatual houch premonie
	(a), stating the underlying DUE TO	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 22 NO
	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I or Part II of Item 18.)
		CE OF INJURY (Home, form, pry, street, office bldg., etc.) 20f. (City or town) (County) (Slote)
	21. I certify that I took charge of the remains described abo	ve, held an Autopsy . Inspection . Inquiry . and in my
	opinion death resulted from: Natural couses . Accident [, Suicide , Homicide , Undetermined monner
	SIGNATURE OF THE HOLD	M.D. CHIEF MEDICAL EXAMINER
	EXAMINER'S DAMES T. BOYD	DEPUTY MEDICAL EXAMINER D LOCE 7, 19 57
	DELICAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMPTERY OR DELICAL 12-10-57 Washmale 1	CREMATORY SILVEN (City, Mann. or country) (Store)
1	M. H. Chambers Co. Washington;	M. C. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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VS A1S (4) 15M 10/57

ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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13442 CERTIFICATE OF DEATH

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13425

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write gural ond give nearest town) Cheverly, T. Houre	c. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest tawn) Kent Village Md. XO
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Prince George General	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Any might will be the standard of the stan	Lost 4. DATE Month Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iost birthday) Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) DIVORCED	ISTRY M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Henry & Baker, fr.	Lathlew M. Me Yowar
15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. If yes, give wor or doles of services	Faller Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause lost.	Subequedio Cerebal Cong + educa
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fa Hour a. m. 19 While Not while fa work 19 of work 11 of work 19	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) clary, street, office bidg., etc.)
ACTUAL SIGNATURE Wayen G. Siecesser	n occurred at 1800 AM, from the causes and on the date, stated above ADDRESS (Street, city or town, state) 12/23/57DATE SIGNED M.D. 8418 M.H. Ave Silver Spring M.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) (2/03/57) Mh. C.	R CREMATORY 22d LOCATION (Cin. town, or county) (Store)
nacleys Tuneral Herm MA	Raine 340. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 22 DATE EC 2 7 '57 Clime Couch

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DEC 84 1957

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13506 13426 CERTIFICATE OF DEATH Rea. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission?" O COUNTY Th. COUNTY MARYLAND b. CITY OR TOWN (If autside corporale limits, write RURAL and give negrest town) FINGTH OF STAY IN IN c. CITY OR TOWN IIf paiside corporate limits, write RURAL and give negrest tow d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Month Dow Yeor DECEASED (Type or print) DEATH i me 195 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9 AGE (In years lost, birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH Months Davs Man DIVORCED [WIDOWED [7] C yrs. Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired) EUTHPLACE (State or foreign country); 12. CITIZEN OF WHAT COUNTRY/ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT yes, give wor or dotes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which ! gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO THE WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) CERT 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) a. fi factory, street, office bldg., etc.) While Nat while p. m. of work at work 21. I certify that I attended the deceased from Lithat Clast sow the deceased alive on_ and that death occurred at a M, from the couses and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL 듑 PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 225 DATE THEREOF 72c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county). (Stole) **BEMOVAL** (Specify), 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR VS A15 (4) 15M 9/55 DATE!

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4)

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DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13426 CERTIFICATE OF DEATH

13428 Reg. Dist. No.

County Prile (CCY)	(F export insente give residence of mother) State Country Country
(If seide city or town limits, write RURAL and give nearest town)	Hattsville Md
How long in above place of death?	(If outside city or fown limits, write KURAL and give nearest town)
- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Street No. (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Eva. L. Blanke.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
F W W	20. DATE OF DEATH 12- 15" 1957 of 6:10 17 M
6.(6) Name of husband or wife Willow	2t. 1 CERTIFY that death occurred on the date above stated: that 1 attended deceased from
# (a) the allow a page 1	J) Me 21 1957, 10 Del 15 1957
7. Birth dale of deceased (mo., day, yr.)	and that I last saw h.X. C. alive on
8. AGE Years Months Gays tiless than one day	Immediate cause of death M. W.
8 2)	
8. Sirthplace GFRMANY	Due to Picket licast failure 2 Kongs
(Town, county, and state)	and a supplementary and a supplementary of the supp
10. Usual occupation	Due to Q1 Jec 18 SELLIFETT L WEBET DISEASE 15 XS:
11. industry or business	Ab 40
\$ 13. Sirtholace Le vulcing	Other conditions
14. Malden name Not / Chound	(Include pregnancy within 3 months of death)
14. Malden name. Not Mount 15. Sirthplace Glumany	Major findings of operations,
16. Informant would Davike	Antonsy results
Modern & SO7-14-TH PLACIE	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
BUDIAL 12-18 17	22. VIOLENCE: If death was due to externat causes, till in the following:
(Burlai, cremation, or removal, Which?) Bate thereof. (month) (flay) (year)	Accident, suicide, er homicide,
Cemetery or crematory OUNON PR Cemetery.	Where did injury occur?
Location /- Claude W.	Injured at home, farm, Industry, public place (where?)
18. Funeral director G- TO L F- IM T3 ACI	Means of Injury Injured at work?
Agazon 57 FALLYNDITURSI ST	MA Somer mit.
	23. SIGNATURE M. D. or other
(Date ree'd by registrar) (Date ree'd by registrar)	Address Calling 311 Me Bate signed 12-13-37

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13	429
			13507 CERTIFICATE OF DEATH Reg. Dist. No.	nfo .
director			PLACE OF DEATH O. COUNTY PRINCE GEORGE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before on STATE MARYLAND b. COUNTY PRINCE	GEORGE
funeral	-		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest lown)	
by the			d. NAME OF HOSPITAL (If not in hospital, give street address) OR JUSTITUTON CHILLUM Ro. 1518-CHILLUM RO.	e. IS RESIDENCE ON A FARM? YES NO [4]
filled y			OECEASED (Type or print) MRINS BOCCABE//8 DEATH DEC. 9	Year 1957
pletely ors. To		1	MALE WHITE WIDOWED DIVORCED MAY 1771 1901 SE yrs Months Days	R IF UNDER 24 HRS. Hours Min.
e executed a and cample bon popers. ir death.	22	ruc	during may by working life, even in returned) LTA/ U.	5. A-
icale be ysician a ave carb urs after		13.	FRANCESCO BOCCABELLO FILOMENA BACCABELLO	,
ng phy e remove 72 hau	>	15. (Ye	(as, no or unknown) (It yes, give wor or dates of sonice) 578-46-1379 EMMA BOCCABELLO-1518- CHILLER	Rd.
attending by pleas		Г	18. CAUSE OF DEATH [Enter only one couse per line (17)0]. (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH [Enter only one couse per line (17)0]. (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH [Enter only one couse per line (17)0]. (b), and (c).]	SET AND DEATH
by the lift. The			Conditions, if ony, which)	
requires			gave rise to immediate cause (a), stating the under-lying cause last.	
physicions per physicions per ial-tran	調	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED? YES NO
AN: The ending ficate he the bur or rem		CERTIFI	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC of ar att his certi use as emation		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have a. m. While Not while of wark of the other work of the other street, office bldg., etc.) 19 (County)) (State)
hospite After the			21. I certify that lattended the deceased from 195, 195, to 000, 190 that I last so alive on 195, and that death occurred at M, from the causes and on the do	aw the deceased
ATTER J by the ECTOR: De deta ar ta bu			ACTUAL SIGNATURE RULEY & FOTILLAMO, 35NG/FIENW	DATE SIGNED
TAL OF	1		PHYSICIAN'S ROBERT CHAILE Wash DC	
HOSPI nay be FUNER sage 3 1	•	220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) BURIAL 12-12-57 FT. LINCOLN BLANENS BURG	(State)
VS A15 (4) 15M 9/SS		23.	Emoly Hanlow-3831-GA-AVE. N.W. DATE 1 1 TEMESTER 246. REGISTRAR'S SIGNATURE	BE ALL OF THE STREET
(SIRT FE33		22		***

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BURINE 12-12-37 FT. LINCOLN

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VS A15 (4) 15M 9/55 0

MARYLAND STAT	E DEPARTMENT	OF HEALTH-BALTI	MORE, 18
13443	CERTIFICATE	OF DEATH	9.

13430 Reg. Dist. No. 743

1, PLACE OF DEATH 0. COUNTY	0mmo Lm		MARYL	AND	2. USUAL RESII o. STATE Marylan		iere decease	d lived. If instituti		e before o	dmission)
	f outside corporate limit	ts, write	c. LENGTH OF STAY II	N lb			ulside corpo	rote limits, write R	COMERY URAL and gi	ive negrest	town)
RURAL ond give in Riverdale	arest lown)		9 days		Silver	Smin	i cr		10		. 7
d NAME OF HOSPIT	Al (If not in hospital, g	ive street			d STREET A		5			e. 1	S RESIDENCE
Eugene Le	land Memor	ial	Hospital		11511 Y	ates	Stree	t			ON A FARM? ES NO 🔯
3 NAME OF DECEASED	Fir	st	Middle		Los	t	4. DATE	Mon	th	Day	Year
(Type or print)	Effie		MAY	B	OWERSETT	1	DEATH	December	•	30	19 57
5. SEX	6 COLOR OR RACE	7. MARE	RIED NEVER MARRIED		8. DATE OF BIRTI	Н		9. AGE (In years lost birthday)			UNDER 24 HRS
Female	white	WIDOW	ED DIVORCED		11/13/8	0		77 yn.	monins	Doys He	ours Min.
10o. USUAL OCCUPATION during most of world	ON (Give kind of work a	Sane 10b	KIND OF BUSINESS OR	INDU:	STRY 11. BIRTHPL	ACE (Slote	or foreign c	ountry)	12. CITI	ZEN OF W	VHAT COUNTRY
Housewife	ang ma, crair ii reitroo		Own home			nsylv			U.	S.A.	
13. FATHER'S NAME					14 MOTHER'S	MAIDEN N	NAME				
Roswell J	. Dunbar				Kathr	yn Ru	ry				
15. WAS DECEASED EVE	R IN U. S ARMED FOR		SOCIAL SECURITY NO.		NFORMANT			Add	ress		
no	(1 yes, give may or dates of s		none	H	ospital	Recor	ds				
18. CAUSE OF DEA	TH [Enter only one co	use per lu	ne for (a), (b), and (c)]								AL BETWEEN
PART 1. DEA	TH WAS CAUSED BY-	1	Cere	bra	1 Hemorr	hage					WOOK
33/2	DUE TO										
Conditions, if a	ny, which) (b	1	Нуре	rte	nsion an	d Art	erios	clerosis		Ye	ars
gove rise to i couse (o), stoting	mmediate (DUE TO					******					
lying couse lost.	(c)									
PART II OTI			CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THETERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. V	WAS AUTOPSY
EV.			None							YE	ERFORMED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20 Ь. DES	CRIBE HOW INJURY OC	CURRE	Enter noture o	f injury in I	Port I or Por	t II of ctem 1B)			
PART II OTI	Y Month, Doy, Yes	While		20e PL/ for	ACE OF INJURY (Home, form bldg., etc.	20f. (Cit)	y or town)	(Ca	ounty)	(Stote)
21. I certify th			ed from April								
alive on	Dec. 29	, 125	7 and that	death	accurred at	9:20	$A_{\mathcal{M}}$, frai	n the causes o	and an th	e, date :	stated abave
) / 1		V 00):	1				treet, city or town,			
SIGNATURE	Mrk		mull n.	-12	MD 402	Main	Stre	et, Laure	el, Ma	rylan	ıd
PHYSICIAN'S NAME (3794)	John R. Bue	11,	M. D.								
220 BURIAL CREMATIC	N. 226. DATE THEREO	F	22c. NAME OF CEME	TERY O	R CREMATORY		22d LOCA	TION (City town,	or county)		(State)
BURIAL (Specify)	1/2/58		GEO. WASH.	MEN	A. CEMETI	ERY	PRI	NCE GEOR	GE COU	NTY,	MD.
23, FUNERAL DIRECTOR	SAGNATURE	/	ADDRESS		10 115		D BY REGIS	TRAR 24b REGI	STRAR'S SIG	NATURE	
Warner ,	5 Tumph	uly	SILVER SI	PRIN	G, MD.	·			Et ma	den	27.1

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MAL MAL

1				MARYL	LAND ST	ATE DEPART	MENT (OF HEALT	H-BAL	TIMORE, 1	8		
عدد		L		1350	8	CERTIFIC	CATE	OF DEAT	Н		Reg. Dist.	No. J	3431
I director.	17	1.	PLACE OF DEATH o. COUNTY Prince G	eorges		MARYLAN	11 0 61	AL RESIDENCE (W	/here decease	d lived. If instituti b. COUNTY	on: Residence	before od	lmission]
be d	X	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									URAL ond giv	e n'earest	town]
<u> </u>	1	L	Glenn D	AL (If not in hospital, gi		yr.,5 mo's			ox Exect	poport & com	IXB. Wa		
in by the		L	OR INSTITUTION	ale Hospita	_	os) 9 dayı	6 . 51	1327	- Irvi	ng St., 1	V.E.	0	RESIDENCE ON A FARM? S NO X
20	-	3.	NAME OF DECEASED	Firs		Middle		Lost	4. DATE OF	Mon		Day	Year
filled		5.	(Type or print)		7 MARNER	E NEVER MARRIED		Branson	DEATH	9. AGE (In years		22	1957 INDER 24 HRS.
pe executed within As n and campletely filler irbon papers. Pages		1	Male	Negro	WIDOWED [26/23		lost birthdoyl 34 yrs.			ours Min.
nd cample?	Ė	10	. USUAL OCCUPATIO	ON (Give kind of work d	one 10b, KIND	-	- 6		e or foreign c	country)	12. CITIZ	EN OF W	HAT COUNTRY/
a brown	Dep V	L	Waitor	ing the, even it retired)		40		Virgi	nia		U.S	. A.	
	arrer d	13.	FATHER'S NAME				14. MO	THER'S MAIDEN	NAME				
physician	Singuistra	1		Branson	C512 11 10C	at teaming the Ly	l lburgania h		<u>Bolden</u>				
	2 /	(1/4	n, no, or unknown)	(If yes, give war or dates of se	ervice)	IAL SECURITY NO. 17	', INFORMAN			Add	ress		
oding ose	E /	F	Yes LIB CAUSE OF DEA	19/12 - 19/15 TH [Enter only one cou		(a) (b) and (c)]		Decede	ent.			(A)TERMA	L BETWEEN
attending	i i		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ore per mile to	Pulmonary	tuber	nul oct c				ONSET A	AND DEATH
ings the ob-	c 0 >		ħ:	DUE TO		FULLIONALLY	puber	MICOLO				5 V.	rs.,3 mo.
	<u>></u>		Conditions, if a										
requires on. signed	<u> </u>		gove rise to it couse (o), stating t lying couse last.	mmediale (
sicio Trans	ä ::	NO	PART II. OTH	IER SIGNIFICANT CON		RIBUTING TO DEATH I	UT NOT RELA	TED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART I	(a) 19. W	AS AUTOPSY
ar de la signa de	9	ICATION			Cor p	ulmonale							REFORMED?
ottending stificate os the bur	ē ō	CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RED. (Enter n	oture of injury in	Port I or Par	rt 11 of item 18.)			
or officer	do ita	MEDICAL	20c. TIME OF INJUR Howr a. n.	Y Manth, Day, Yea	White	Not while	PLACE OF IN	JURY (Home, fari it, office bldg., et	m, 20f. (Cit	y or town)	{Co	unly]	(Stole)
Pital far th	ē Č	2	p. m.	of Fottended the		at work	,	256 . D.	- 20	٢٥			
P P P	ğ	L	olive on De		to 57	, and that dec	th focuser	7_39, 10_110	DAN 600	19.57	"that I la	st saw t	he deceased
the standard	5		01110 0112232	1/10/	1-0	,_, and mor dec	an occorre	in district		irreel, city or town,		agre si	DATE SIGNED
F E E E	,		ACTUAL SIGNATURE	VUAT U	uss		M.D(lenn Da		pital,Gle		le.Md	12/22/5
ratained ould by	р. Р.	L	PHYSICIAN'S NAME (Type)	Moe Weiss						,,			o-markensky)
FUNE oge 3	53 0 0	220	BURIAL, CREMATIO REMOVAL (Specify)		-	L NAME OF CEMETERY	OR CREMAT	ORY	22d. LOCA	TION (City, town, o	or county)	(Stote)
5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ĕ	23	FUNERAL DIRECTOR'S	S SIGNATURE	/ B	ADDRESS	7/57 Ar	lington	D BY REGIS		Arling		Va.
VS A15 (4)			CE I	Turyans	+ Son	1337-11	StNI	DATE E	:	AD. KEGIS	A CLASSICA	KIUKE	
15M 9/55				10-0120	AUTV	7 7 7 70	71,	A NI ON IBE	7 to (31		* WILLIAM		

BUREAU V. Z.

JEC , J TOZL

BECEINED

CERTIFICATE OF DEATH 13441 Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY Prince George MARYLAND Mary/land Prince George b. CITY OR TOWN (If outside corporate limits, write c CITY/OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Cheverly l Dav College Park d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 9522 L9th Avenue YES NO TA Prince George General NAME OF 4. DATE Middle lost Month Yeor DECEASED June DEATH (Type or print) Adeline Brown 12-1-1957 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Doys WIDOWED [DIVORCED [7] White Female yes. 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired HOUSEWITE Virginia own home U.S.A Hansberger 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Flinkhouser James Franklin Brown Hattie Rosana Lbuser 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO 17. INFORMANT Address College Parm Md. Edwin Y Brown no 1B. CAUSE OF DEATH [Enter only one coure per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Several days Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY YES TO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I/or Port II of item 18) 20c TIME OF INJURY Month. 20s. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg, etc.) Hour o. m. at work at Mo 21. I certify that I attended the deceased from 160 7.that I last saw the deceased , and that death accurred at AIAM, from the causes and an the date stated above. alive on. ADDRESS (Street, city or town, slote) DATE SIGNED SIGNATURE 6311 Baltimore ave Riverdale-Le Nd PHYSICIAN'S NAME (Type) Dr. Clayman 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) St Paul's Cemetery Dec Jerome 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DEC DATE

F HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT

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burial-transit

certificate

DIRECTOR:

moy L FUNE

Aug

death. funeral

executed within 24 hours

BUREAU V. S.

DECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13509 **CERTIFICATE OF DEATH** Rea. Dist. No with director PLACE OF DEATH 2 USUAL RESIDENCE / Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE filed b. COUNT MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4 RURAL and give nearest town) the funs anci d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS ON A FARM? UU 25 YES NO NAME OF 4. DATE First Middle last Month Year Day DECEASED OF DEATH (Type or print) 195 5. SEX 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Jal. last birthday) Months: Days Hours Min DIVORCED | WIDOWED X 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth during mest of working life, wen if retired) ral ond 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME ξį physician hours 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address ottending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL RETWEEN ONSET AND DEATH ā PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO ۾ any Conditions, if ony, which (b) signed gave rise to immediate DUE TO coese (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slate) foctory, street, office bldg., etc.) Hour o m. While Not while at work at work p. m. 21. I certify that I attended the deceased from 19_5___that I last saw the deceased and that death occurred at 12:12/4M, from the causes and on the date stated above. OIRECTOR: ADDRESS (Street, city or town, state) ACTUAL prior SIGNATURE U HOSPITAL **PHYSICIAN'S** NAME (Type) oy be r 220 BURIAL CREMATION, 226. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REBIOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) DATEC 15M 9/SS

BOREAU V. E. DEC 30 1957.

1	1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1			13427 CERTIFICATE OF DEATH Reg. Dist. No.
director, ted with		1.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
pe filed		L	Trince George MARYLAND Maryland B. COUNT Prince George
			b. CITY OR TOWN (If autside carporate limits, write / c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If/autside carporate limits, write RURAL and give rearest lawn)
'EX	*		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON A FARM?
	2-	L	411/ 6/34 AVE YES NO E
		3	NAME OF DECEASED Marilla Arizona Buchande Dec 27 1957
		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED - 9-DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	7	100	TEMALE CONCERNIDOWED DIVORCED 1921CH 21,1962 35 yr.
	. 1		during most or warking line, even is retired)
			FATHER'S NAME 14. METHER'S NAME US-A-
			William T. Buchanan Vikota Blanton
	()	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address If yes, give wor or dates of service) A MO FILE COMMON AND A MORE
ŧ.,		H	In cause of pearly for
			PART I. DEATH WAS CAUSED BY: (ATCHIOTHAGE) PART I. DEATH WAS CAUSED BY: (MATERYAL BETWEEN ONSET AND DEATH (MATERYAL BETWEEN ONSET AND DEATH (MATERYAL BETWEEN ONSET AND DEATH
			170 x OUE 10 rebr and both lips
			Canditions, if any, which (b) (b)
			cause (a), stating the <u>under-</u> lying cause tast. (c)
		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED?
	0	Ę	YES NO THE
		CERT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF ETITHER, NOTIFY MEDICAL EXAMINER)
		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
		ME	Plaur o. jr. While Not while at work of work
			21. I certify that I attended the deceased from 1/29 1957, to 12/27 1957, that I last saw the deceased
			alive on 12/24/57, 19, and that death occurred at 3:00 AM, from the causes and an the date stated above. ADDRESS (Sizeel, city or layin, state) DATE SIGNED
	,		SIGNATURE DiBle askington ND 6234 Go Ave h Willand DC 12/27/5-
	1		PHYSICIAN'S DALLIC BURSON AS LOCAL DELLAS
		220	NAME (Type) DOWIELD, WESHING TO LING TO LING TO LANGUE WASH DC /2/27, -BURNNL-CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) (State)
		1	REMOVAL (Specify) 226. DATE THEREOF Webster Cometery Webster, N.C. (Stote)
		l	FUNERAL DIRECTOR'S SIGNATURE ADDRESS WASH , D. C . 248 RECIDEN REGISTRAR : 246 REGISTRAR'S SIGNATURE
			ne S.H. Hines Co., 2901 14th St. N.W. DATE & SUIT Camerseners

BUREAU V. K.

OBVIBOEG TOUR OF ET

27

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EVA MINEDIS CEDTIFICATE OF DEATH

13435

PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution- Resid	ence before admission)
p. COUNTY Prince Georges	MARYLAND	o. STATE Maryland b. COUNTY Mon	
b. CITY OR TOWN (1 oviside carporate I m to, write #URAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL on	Cate
and give nearest town)			o give theoretic totally
Cheverly	D.O.A.	Silver Springs /	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS	e IS RES DEN ON A FAR
Prince Georges General H		365 Southampton Drive	YES NO
NAME OF First DECEASED	MYRON Middle	Lost A. DATE Month	Doy Year
(Type or print) Joseph	XI) THE REPORT OF THE PERSON O	Burack December	14, 1957
SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 3		TYEAR IF UNDER 24 F
Male white WIDOWE	D DIVORCED	January 7, 1914 43 yrs. Months	Days Hours Min.
on USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	IND OF BUSINESS OR INDUST		TIZEN OF WHAT COUN
			U.S.A.
Accountant A	ccounting	Pennsylvania 14. MOTHER'S MAIDEN NAME	U.D.A.
A LALIENT O LALIAND			
Andrew Burack		Hary Dragon	comment with the
is, no, or unknown) [If yes, give war or dates of service)		FORMANT Address	
no 07	1-05-3419 Ha	rriet Burack, 365 Southampton	Drive
18. CAUSE OF DEATH [Enter only one couse per line		Silver Spring, M	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary Th	rombosis	CHISTS AND DIAM
420.1 DUE TO		The second secon	
Condition is an ability	Cardioves	cular renal disease	
		ALLO CLOCKED	
gove rise to immediate couse			
(a), staling the underlying DUE TO			
(a), stating the underlying DUE TO (c)	Coronary s		manufacture of the state of the
(a), staling the underlying DUE TO (c)		CLOROSIS	RT 1(a) 19, WAS AUTOP PERFORMED?
(a), staling the underlying DUE TO (c)			RT 1(a) 19, WAS AUTOP PERFORMED? YES NO
(a), stating the underlying DUE TO	ONTRIBUTING TO DEATH BUT N		PERFORMED?
(e), stating the underlying DUE TO couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	ONTRIBUTING TO DEATH BUT N	OT RE, ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED
PART II. OTHER SIGNIFICANT CONDITIONS CO	E HOW INJURY OCCURRED (E	OT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PARTIES IN THE TRANSPORT OF THE TERMINAL DISEASE CONDITION G VEN IN PARTIES OF THE TRANSPORT OF T	PERFORMED?
(e), stating the underlying DUE TO couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	E HOW INJURY OCCURRED (E. No. While	OT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PAR	YES NO
20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE 20c. TIME OF INJURY Month, Day, Year 20d. While Ar Word Ar	E HOW INJURY OCCURRED (E. INJURY OCCURRED Toche foctor of work	OT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PAR iter nature of injury in Part I or Part II of Item 18) E OF INJURY [Home, form. 20f. (City or town) (Cory, street, office bldg , etc.)	PERFORMED: YES NO
Called the underlying DUE TO	E HOW INJURY OCCURRED (EINJURY OCCURRED 20e. PLACE Factor 20e. PLACE 20e. P	OT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PARTIES of Injury in Part 1 or Part II of Item 18) E OF INJURY [Home, form. 20f. (City or town) (Cory, streef, office bldg , etc.)	PERFORMED YES NO
Column C	E HOW INJURY OCCURRED (EINJURY OCCURRED 20e. PLACE Factor 20e. PLACE 20e. P	OT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PARTIES of Injury in Part 1 or Part II of Item 18) E OF INJURY [Home, form. 20f. (City or town) (Cory, streef, office bldg , etc.)	PERFORMED: YES NO Unity) (Sie
20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 21. I certify that I took charge of the copinion death resulted from: Natural and the cause of the copinion death resulted from: Natural and cause of the copinion death resulted from: Natural and cause of the copinion death resulted from: Natural and cause of the cause of	E HOW INJURY OCCURRED (EINJURY OCCURRED 20e. PLACE Factor 20e. PLACE 20e. P	OT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PARTIES of Injury in Part 1 or Part II of Item 18) E OF INJURY [Home, form. 20f. (City or town) (Cory, streef, office bldg , etc.)	yes NO
20a. EXTERNAL CAUSE WAS 20b DESCRIBE 20c. TIME OF INJURY 2	E HOW INJURY OCCURRED (EINJURY OCCURRED 20e. PLACE Factor 20e. PLACE 20e. P	OT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PARTIES of Injury in Part 1 or Part II of Item 18) E OF INJURY [Home, form. 20f. (City or town) (Cory, streef, office bldg , etc.)	yes NO
20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20c. TIME OF INJURY Month, Day, Year Hour a, m, p, m. 19 21. I certify that I took charge of the copinion death resulted from: Natural actual Signature Contribution ACTUAL SIGNATURE Contribution Contribu	E HOW INJURY OCCURRED (EINJURY OCCURRED 20e. PLACE Factor 20e. PLACE 20e. P	OT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PARTITION OF INJURY (Home, form, 20f. (City or fown) (Cory, street, office bldg, etc.) Te, held on Autopsy . Inspection . Inquir. J. Suicide ., Homicide ., Undetermined (yes NO
20a. EXTERNAL CAUSE WAS PRIMARY DO TO CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While p.m. 19 et wo opinion death resulted from: Natural actual.	E HOW INJURY OCCURRED (E) INJURY OCCURRED 20e. PLACE INJURY OCCURRED 20e. PLACE INJURY OCCURRED 20e. PLACE Factor 20e. PLAC	of RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PARTIES of Injury in Part 1 or Part II of Hem 18) E OF INJURY [Home, form. 20f. (City or town) (Control of the bidg, etc.) (Con	PERFORMED? YES NO
20a. EXTERNAL CAUSE WAS PRIMARY DO TO CONTRIBUTING DO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year White Power of the Contribution of the	E HOW INJURY OCCURRED (E) INJURY OCCURRED 20e. PLACE INJURY OCCURRED 20e. PLACE INJURY OCCURRED 20e. PLACE Factor 20e. PLAC	of RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PAR other nature of injury in Part I or Part II of Hem 18) E OF INJURY [Home, form. 20f. (City or fown) (Co- re, held on Autopsy X. Inspection X. Inquir]. Suicide, Homicide, Undetermined if M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	PERFORMED? YES NO Unity) (Stol Ty L, and in monner D DATE SIGNED (Stole)
20a. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a, m., 19 divided to print of death contributions of the contribution of the c	E HOW INJURY OCCURRED (E. INJURY OCCURRED 20e. PLACE factor work causes Accident M.D.	TREMATORY Ter noture of injury in Part I or Part II of Item 18) E OF INJURY [Home, form. 20f. (City or town) (Control of the III of Item 18) E OF INJURY [Home, form. 20f. (City or town) (Control of III of Item 18) E OF INJURY [Home, form. 20f. (City or town) (Control of III of Item 18) E OF INJURY [Home, form. 20f. (City or town) (Control of III of Item 18) E OF INJURY [Home, form. 20f. (City or town) (Control of III of Item 18) E OF INJURY [Home, form. 20f. (City or town) (Control of III of Item 18) E OF INJURY [Home, form. 20f. (City or town) (Control of III of Item 18) E OF INJURY [Home, form. 20f. (City or town) (Control of III of Item 18)	PERFORMED? YES NO Unity) (Stol Ty L, and in monner D DATE SIGNED (Stole)
20a. EXTERNAL CAUSE WAS PRIMARY DO'C CONTRIBUTING DO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m., p.m. 19 at we opinion death resulted from: Natural continuous description of the signature of the signat	E HOW INJURY OCCURRED (E) INJURY OCCURRED 20e. PLACE foctor INJURY OCCURRED 20e. PLA	of RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PAR other nature of injury in Part I or Part II of Hem 18) E OF INJURY [Home, form. 20f. (City or fown) (Co- re, held on Autopsy X. Inspection X. Inquir]. Suicide, Homicide, Undetermined if M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	ry L. and in monner DATE SIGNED 15, 1957 unty, Md.

DATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencit is 15mm 18. Give Image 1, 2, and 3 to the funeral director. Page 4 share the forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retified for your files.

TO FUNEXAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the the Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after Cash. VS. A15ME 5M 2157

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	1	MAKILAND STATE DEPARTMENT OF HEALTH—BALTIMORE, I	19/197
1.		CERTIFICATE OF DEATH	13437
等	\vdash	13511	Reg. Dist, No.
Page directed willed w	1.	PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution of STATE MARYLAND). COUNTY	PRINCE GEORGE
death.	T	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest sawn) RURAL and give nearest sawn) ISTRICT HEIGHTS ZBYES. DISTRICT HEIGHTS	T- 11/2
ofter d	11	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO
d C	1/		
illed by	3.	NAME OF DECEASED WILLIAM ALBERT CAMPBELL DEATH DE CO	. 3 1957
Fetefy	5	SEX ALE 6 COLOR OR RACE 7. MARRIED WEVER MARRIED 1 8 DATE OF BIRTH 1907 9. AGE (In years 1914) 15 FEB, 1907 50 yrs.	Months Doys Hours Min
camp paper path.	100	OUSUASSIC STANDARD BEING of work done 106 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
and and	13	NOT CITY OF THE PROPERTY OF TH	4.0.71
sicion rs offers	1	NILLIAM ALBERT CAMPBELL HNNIE MINE	R
certifii g phy remo 72 hau	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT A. CAMPBE Add	DUSTRICT HGTS. MI
ndir hin		18. CAUSE OF DEATH [Enter only one couse, ppr line for (o), (b), and (c),)	ONSET AND DEATH &
a die de		PART I. DEATH WAS CAUSED BY: My Corar dial his ufficiency	Montas
the the The		420.1 DUE TO 1	100
in the		Conditions, if ony, which) of Depheroneura arthroxellrace	15 gra.
is signed in pers		gove rise to immediate cause (a), stoling the under: DUE TO Corollary Ollusion.	51/2 Mo.
hysicio s been of-trans	ATION	PART, II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	VEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO T
N: The	RTIFIC	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II of Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
CIAI trend t	10		40
PHYSI al ar a his cer use a emotio	MEDIC	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. p. m. 19 at work at white at week at work at week at work at week at work at week at well at week at week at week at well	(County) (State)
NG Spiter 1		21. I certify that I attended the deceased from June 1952 to Deep 3 , 195	7,that I last saw the deceased
NDI Pre ho oche			and on the date stated obove.
det det		ACTUAL SIGNAL THE POTATION TO MARIE ROSES (Street, city or town,	DATE SIGNED
ed the		SIGNATURE TOWEY W LOWEY MD. 7200 VII ARLBORO	LIKE DE 1200
ITAL C	L	PHYSICIAN'S SIDNEY W. LOWRY UD DISTRICT HEIG!	HTS, MD.
HOSP dy b FUN		O BURIAL, CREMATION, 27b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, REMOYAL Opecity)	
O E O F E	_	Exercit 12/6/5/ Epiphany Cometery Porestvill	ey Ird
VS A15 (4)		FUNERAL DIRECTOR'S SIGNATURE ADDRESS HDDER ADDRESS HDDER ADDRESS ADD	SINVE SIGNAMENT
15M 9/55	_	Trootito Diase Lancar Tomo Talinoro a delaye	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



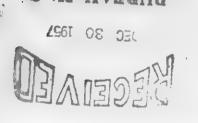
VS A1S (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18

13446 **CERTIFICATE OF DEATH** 13438 Reg. Dist. No.

1.	Prince Ge	oto no	MARYLAND	I O'DIVIE	E (Where deceased lived	If institution Residence COUNTY	ce before odmission)			
H				Maryland	P	rince Georg				
	RURAL and give not	outside corporate limits, write arest tawn)	30 days	Seat Pl	easant 😗 🗇	nits, write RURAL and g	jive nearest town)			
	& NAME OF HOSPITA	AL (If not in hospital, give street	address)	d. STREET ADDRE			e. IS RESIDENCE			
	Pringe Ge	orge General		108 Add	ison Road		ON A FARM? YES NO			
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day Year			
	(Type or print)	Willia		Campbell	OF DEATH	12-	26 1957			
1	SEX	6. COLOR OR RACE 7. MAR	RIED A NEVER MARRIED	8 DATE OF BIRTH	9'AG	A Control of the Cont	LYEAR IF UNDER 24 HRS			
L	Male	White widow	Name of Street	April 10	* TOA2 65	yrs Months	Doys Hours Min.			
10	during most of works	N (Give kind of work done 10), ng life, even if retired) OP OT Techni	AS THEN - KOOR	STRY 11. BIRTHPLACE (Slote or foreign country)		ZEN OF WHAT COUNTRY			
<u></u>	pahet.ATS	or of Techni	cal Represei	ntatives	mrcmig	an U	S.A.			
13.	FATHER'S NAME	m Camphall		14 MOTHER'S MAID						
L		m Campbell		Mary S	anders					
15. {Y	WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.		INFORMANT		Address S	ame #2			
	no		. 1	irs. Hilda	M. Campb	ell	wife			
		TH [Enter only one couse per li	for (o), (b), and (c).]	**			INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cur curs materia. Sec. ONSET AND DEATH									
	/ ** X DUE TO / //									
	Conditions, if on		to Herry	neroh	umos &	est hed	free,			
	gove rise to im couse (o), stoting ()	mediate	//			1	1			
	lying couse lost.	(c)				•	1			
z	PART II OTHI	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CONT	DITION GIVEN IN PART	I(a) 19 WAS AUTOPSY			
ICATION							PERFORMED? YES NO			
CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING [] 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter noture of injur	y in Port I or Port II of it	em 18.)				
MEDICAL	20c TIME OF INJURY	Month, Day, Year 20d, I	NJURY OCCURRED 20e Pl	ACE OF INJURY (Home,	form, 20f (City or low	n) tC	ounty) (Slote)			
ÅE Di	Hour e, m. p. m.	While		ctory, street, office bldg	, etc)	.,	(500)			
ľ			444	TY (5)	Ne 20	/3				
	1/ -	at I attended the deceas					ast saw the deceased			
	alive an 444	19.6	2,, and that death	accurred aU.Q.1.	M, from the	causes and on th	e date stated above			
	ACTUAL /	11.11.	11110	6101. 00	ADDRESS (Street, cit		DATE SIGNED			
	SIGNATURE	an mo		M.D. OIZH CO.	ntral Avenu		12/26			
	PHYSICIAN'S	. Peter Duns		Constant	Wed white W	a				
224	BURIAL CREMATION		Too. MANE OF COMME		Heights, M					
-	REMOVAL (Specify)	12/28/57	22c. NAME OF CEMETERY C			ity, town, or county)	(Stote)			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UPIAL FUNERAL DIRECTOR'S		ADDRESS Wash	Cometery			- 1			
		nes Co2901	ADDRESS WASIL.		4 40 100	246 REGISTRAR'S SIG	NATURE			
ı —''		- C70.	l lithSt. N.	W a DATE	DEC 3 0 '5/	0,011				

BUREAU V. E.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13439 CERTIFICATE OF DEATH Reg. Dist. No. filed wit 1. PLACE OF DEATM 2. USUAL RESIDENCE (Where deceased lived Af institution: Residence before admission) a. COUNTY P CORNIA C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) MORAL and give nearest town) 70 d NAME OF HOSPITAL 715 hat in hospital, give prest address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM YES NO D NAME II Middle 4. DATE Month Year DECEASED (Type or print) DEATH 6. COLOR OR RACE IF UNDER/LYEAR IF UNDER 24 HR 5 SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last buthday) Months Days DIVORCED T WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State of 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired? offer 13. FÁTHER'S NAME MOTHER'S MAIDEN NAME ğ IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which] gned gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Q. f1. While Nat while at work at work MARCL 174 Dec. 1957, that I last saw the deceased 1957 21. I certify that I attended the deceased from... 7, and that death occurred at 950 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE le svelle. 00 70 PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE



1

13449

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13440

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		r
Reg.	Dist.	No.

1, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission)					
o. COUNTY Prince George 18: MARYLAND	a. STATE New Jersey b COUNTY					
b. CITY OR TOWN (If Buth de corporate limits, write RUBAL c. IRNGTO OF ANY IN 16 and give nearest lown) Cheverly Transient	c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) Atlantic City					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 15 RESIDENCE					
Prince George's General Hospital	1501 Baltic Avenue					
3 NAME OF DECEASED (Type or print) John HI C	arter OFATH December 6 Year 57					
a a Swipower Cl.	April 6 1911 9. AGE In yours IFUNDER 14EAR IF UNDER 24 HRS					
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTI						
during most of working life, even if retired) Mortician Self	New Jersey USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
James L. Carter	Eliza Baxley					
(Yes, no, or unknown) (if yes, give wor or dates of rervice) 27 (1,27 E)E	bert Barbour Atlantic City New Jersey					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hemorrhage and S	INTERVAL BETWEEN ONSET AND DEATH					
(o), stating the underlying DUE TO cause tost. (c)	of the skull, crushed chest and abdomen OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 6					
CAUSE OF DEATH. Diver of an auto	onder noture of injury in Port I or Port II of item 18) composite in an head on collision with an other					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE While of work of work of work 12/6 19 57	Sutte 301 bidg., etc.) Upper Marlboro (County) MG.					
21. I certify that I took charge of the remains described above opinion death resulted from: Natural causes . Accident actual signature.	M.D. CHIEF MED.CAL EXAMINER ASSISTANT MEDICAL EXAMINER					
EXAMINER'S NAME (Type) James I. Boyd	December 6, 1957					
220. BURIAL CREMATION, 225 DATE THEREOF 22c NAME OF CEMETERY OR BUrial 12/11/57 Pleasantville	The state of the s					
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE					
F Gasch's Sons Hyattsville, Maryland	• DATE					
A delication of the second sec	DEC 1 0 57 Contesuel					

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the cartificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be introduced to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNGAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Page 8 baard of Health, are its designated agent, prior to burial, cremation, excemoval, and in any event within 72 hours after 50 th. VS A15ME 5M 2/57

FEV. A. E.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BEVN A S

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A 12 13 1

19119

13450

CERTIFICATE OF DEATH

			Ú	4	4
Reg.	Dist.	No.			

	PLACE OF DEATH o. COUNTY Prince Go	erea		MARYLA	UND	2. USUAL RESI	DENCE (Wh		ince Gu		nce before	admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)						c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					st fown)
	Cheverly		Branch	ville			XT					
	NAME OF HOSPITA	L (If not in hospital, g	ive street	8 Days		d. STREET A	DDRESS			8	0,	IS RESIDENCE
	Prince Ca	orge Genera	al			Old Br	a nchv	ille !	Rd	î		ON A FARM?
3.	NAME OF	Fir	s†	Middle		Los	ı	4. DATE		North	Day	Year
	DECEASED (Type or print)	Jessie	9	Maude		Collins		OF DEATH	Decemb	er	7	1957
5. 5	SEX			IED NEVER MARRIED		B DATE OF BIRT	Н		9. AGE (In ye lost birthdo	IF UNDE	R I YEAR IF	UNDER 24 HRS
776	omale	White	WIDOW	DIVORCED		Jan. Z.	23, 1	906		Y) Months	Days F	lours Min
100	. USUAL OCCUPATIO	N (Give kind of work on life, even if retired)	Jone 10b.	KIND OF BUSINESS OR	INDU	STRY 11 BIRTHPL	ACE (Stote	or foreign c	puntry)	12. CI	TIZEN OF	WHAT COUNTRY?
	Cook	ng iire, even ir retired		nvent		Pen	na.			U.	S.A.Z.	
13	FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME				
1	Fre	d D. Grove				Cl	ara F	oor				
15	WAS DECEASED EVER			SOCIAL SECURITY NO.		NFORMANT				Address		
	s. no or unknown] (!	f yes, give wor or dates of s	20	9 20 2802	M	s Clara	Hill	legass	s Schel	lsbur	g Pen	na.
	18. CAUSE OF DEAT	TH Enter only one co	use per lir	ne for (a), (b), and (c).]								AL BETWEEN
	PART 1. DEAT	H WAS CAUSED BY		Chante	. /	aulo	ne	nhu	etro c		ONSET	AND DEATH
	1:11 %	DUE TO			7	1	0					
	Conditions, if on	y, which)		absce	-	form	alia	~ h	ne			
	gove rite to in	mediate		-7								
	Cause (a), stating to lying cause last.	he under-	1	& side	ru	word C	ance	expire	16 HG	Cer	UK.	
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THE TERMII	NAL DISEAS	E CONDITION	GIVEN IN PA		WAS AUTOPSY PERFORMED? ES NO
SIFIC	20g. ACCIDENT WAS	UNDERLYING []	20b. DESC	CRIBE HOW INJURY OCC	URRE	Enler noture o	finjury in P	ort Lor Pari	I II of item 18)			30 100
	OR CONTRIBUTING	-		· · · · · · · · · · · · · · · · · · ·								
MEDICAL	20c. TIME OF INJURY Hour o, m,	Month, Doy, Yes	while	NJURY OCCURRED 2	De PL	ACE OF INJURY II	Home, form, bldg , etc.	. 20f (City	or town)		(County)	(Stote)
ME	p. m.	19		k ot work								
	21. I certify the	at I attended the	decease	ed from		, 19	, ta		, 19_	,that f	last saw	the deceased
	alive an		12	, and that d	eath	occurred at		_M, fran	n the cause	s and an	the date	stated above.
		1/0	10)	7/14	4				treet, city or to			DATE SIGNED
	ACTUAL SIGNATURE	(X LIBERTY	6	1-1/2004	au	M.D	100	egeli	77-1-1	2/5/_		13-7-7
	PHYSICIAN'S NAME (Type)	Bullian we	Fa	at,			V				**	*
220	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	12/10/57	F	22c. NAME OF CEMET					ION (C ly, tow			(Stole)
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240 REC'E	BY REGIST	RAR 245 R	GISTRAR'S SI		
	F. Gasch'	s Sons H	yatts	sville Md.			DATE	BY REGIST	· 1	heau	e sh	

may be retained by the haspital ar attending physician.

TO FUNE 1 DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page about the factored far use as the burial-transit permit. Then please remove carbon pagers. Pages had 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

To All

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 1\$M 9/55

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2 15 1624



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carbon

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FUNER age 3

15M 9/55



BUREAU V. E.

	13428 CERTIFICA	ENT OF HEALTH—BALTIMORE, 18 ATE OF DEATH	13445
ý	1. PLACE OF DEATH o. COUNTY France Leonal's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Resonant Maryland b. COUNTY	
uneral	b. CITY OR TOWN (If outside corporate lights, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL of Hyattsville	and give nearest lown]
,	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 38th Ave.	d. STREET ADDRESS 5500 38th Ave.	IS RESIDENCE ON A FARM? YES NO
,	3. NAME OF DECEASED Mary inst. M. Cox Middle (Type or print)	tost 4. DATE Month OF DEATH De COMBO	· 23, 1957
, _ \	5. SEX female 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 WIDOWED 1 DIVORCED 1	2/3/06 tost birthdoy] Mant	
described in the second	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) HOUSOWITE	Washington, D.C.	CITIZEN OF WHAT COUNTR
after a	W.E. Gordon	14. MOTHER'S MAIDEN NAMEBerres	
72 hours		reston M. Cox Hyattsvill	Ave. .e, Md.
ony event within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) (c) Comma continuous descriptions of the conditions, if any, which)	tings of Everymatosis	interval Between ONSET AND DEATH 7 A COLOR
<u>2.</u> <u>≤</u> - 1 0	gove rise to immediate couse (o), storing the under-lying couse lost	Ke ft cread	506410
navol, on	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT BÉLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
9 20 20 .	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)	
emation		ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, effice bldg., etc.)	(County) (State
range of detached for item from the perior to burial, cre		m.D 6220 active	
poge a	220. BURIAL, CREMATION. 22b. DATE THEREOF Pt. Lincol	n Cemetery Prince George	s. Maryland
	The S.H. Hines Co. Washington, D.	N W 240. REC'D BY REGISTRAR 246 REGISTRAR	SSIGNATHRE

DUBEAU V. E.

DEC 37 1957

BECEINEIL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13514 CERTIFICATE OF DEATH

13446

Reg. Dist. No. 24

	1, PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY PINCE GEORGE MARYLAND	STATE M.d. COUNTY PrINCE GEOIGE
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (if outside corporete limits, write RURAL and give nearest town)
	OR and give nagrest town) TOWN (in this place)	OR TOWN ACCOKEEK
	HOSPITAL OR	STREET (# rure) give (ocation)
*	INSTITUTION OR	ADDRESS ADDRESS
	STREET ADDRESS FARMING ON CO	TARMINGTON RU
	3. NAME OF (Figst) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	(Type or Print)	Dei W DEATH DEC. 19 1957
ì	5. SEX 6. COLOR OR 7 SINGLE, MARRIED, 8. DATE OF	
	Otale RACE White Specify Dierred Novi	20 1873 8 yrs. Months Days Hours Min.
*		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	done during mon of working life, even if OR INDUSTRY	COUNTRY? / /
	TIET!	England U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Jelmuk! Odw	METZIBAH, HOSKING
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
3	(Yes, pp. of unic.) (If Yes, give wer or deles of service)	Mrs Elsie Day, Accobook, Ad.
	18, MEDICAL CER	TIFICATION INTERVAL BETWEEN
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	L IMMEDIATE CAUSE (A) COPUNCTY	Occlusion Liminsdist
	ANTECEDENT CAUSE(S) DUE TO	
	DISEASES OR CONDITIONS, IF ANY, (8)	
	STATING UNDERLYING CAUSE LAST, DUE TO	
	(C)	
	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OF CONDITION CAUSING DEATH.	Tyocarditis 3705
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS%? YES NO D
	21a. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Home, farm, factory, 1 2	Ic. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
	OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bidg., etc.)	in titled bib intoki o cook! (city of lowily (county, (city of lowily
		RH, HOW DID INJURY OCCUR?
	M. at work et work	
		PO 12. 10 C17
Ιz.	N: ~ H/	, 1957, to 03 4 29, 1957, that I last saw the deceased
71	alive on Diana, 19. 2. and that death occurred at.	
ğ	SIGNATURE Comb Comb	ADDRESS (Streat, city, town, stete) DATE SIGNED
SS	M.D.	- L v.J. on Head. Old. 12/29/57
ċ	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR A	EREMATORY LOCATION (City, town, or county) (Stafa)
\$	Burrel 1231-5/1/sterne	Me more Pack to the Church VA
=	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	OFFC 31 10ET Carrie Complete	The See Ben Many 10.C
	Lange Cannot Com	TEN ALL WELL

8 'A 11.

Reg. Dist. No.

X	Prince G	eorge		MARI	rland	2. USUAL RESIDENCE (WAS STATE Maryland	ere deceased Princ	b COUNTY		before or	imission)
	b. CITY OR TOWN (III	outside corporate fimi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF or	utside corpor	ote limits, write Rt	JRAL and giv	e negresi	town)
~	Cheverly			5 Minute	S	Landover	**				
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS	8			e. IS	RESIDENCE
1	Prince Ge	orge Gener	al			6122 Landov	er Rd.	L			S NO
	3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mont	ħ	Day	Year
	(Type or print)	Vincent	_		D	Paul	DEATH	Decemb	er	. 9	19 57
	5. SEX	6. COLOR OR RACE	7. MAR	RIED 📑 NEVER MARR		DATE OF BIRTH		AGE (In years lost birthday)			NOER 24 HRS
,	Male	White	WIDOW	ED DIVORCE	D .	lay 13, 1889		6968 yrs.	MONTHS D	oys Ho	ours Min.
`	10a. USUAL OCCUPATIO	N (Give kind of work on life even if retired	done 10b			RY 11. BIRTHPLACE (State	or foreign cou	intry)	12. CITIZ	EN OF W	HAT COUNTRY
,	Ret	ing life even if retired LPED	U	S Governm	ent	Itlay			1	J.S.A	
	13. FATHER'S NAME	rancis De	Davil			14. MOTHER'S MAIDEN N		•			
				-			eline	3			
	15. WAS DECEASED EVER	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO), 17, IN	FORMANT		Addr	913		
	yes	W W 1			Ţ	Vife Filomena	De Pa	aul s	ame		
1			use per li	ne for (0), (b), and (c)]	-1 1				INTERVA	L BETWEEN
	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Corona	4	(hromet	tolo	4		10	his
	4.013.1	the old. I DUE TO									
1		Conditions, if ony, which (b)									
		gove rise to immediate couse (o), stoting the under-									
1	lying couse lost.) (c									
ž.	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	(a) 19. W	AS AUTOPSY ERFORMED?
	Y I I									YES	D NO D
	U (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY C	CCURRED	(Enter noture of injury in P	art I or Port	I of item 18)			
	ZOC. TIME OF INJURY	Y Month, Doy, Yes		NJURY OCCURRED	20e PLA	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City	or town)	(Co	unty)	(State)
	∑ p m.	19	While of wor	rk Of work							
1	21. I certify th	gh I attended the	deceas	ed fram	Club	4919 5710 K	YEC	9, 19.5	That I la	st saw i	the deceased
1	alive on	Secentre "	7. 12.	E~	death	accurred at 30	M. from	the causes a			
1		11-21 - C	7 /	-	1			set, city or town,			DATE SIGNED
1	SIGNATURE V	Illiam X	十八	SSAM	YM,	6 5304 1	4 111/1	1 POLIS	5 Ro	AD	
	PHYSICIAN'S			,		D	-1100		Van	6000	^
	NAME (Type)D	r. William	Ross	on		BLADI	enst	VRG,	FIKI	ZH1	(1)
	220. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEM			22d LOCATI	ON (City, town, a	r county)		(State)
	Burial	Dec 19;	195		ton	Vational		ngton Va	l.		
	23. FUNERAL DIRECTOR'S	SIGNATURE	C	ADDRESS 47	39 /3	calle app 240. REC'T	BY REGISTR	AR 246 REGIS	TRAR'S SIGN	ATURE	
	trunces	Gaseks	Son	o Ity	allo	MC DATE DE	Cinr	1	· esue	4	
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1 1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
M	K	7	13429 CERTIFICATE OF DEATH Reg. Dist. No.
Poge director		X .	1. PLACE OF DEATH O. COUNTY OF THE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE DECEMBER OF DEATH OF THE PROPERTY O
r death. funeral			b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUBAL and give nearest town) RUBAL ond give nearest town)
urs ofte		n 200	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1701 Day ton Po . IS RESIDENCE ON A FARM? YES [] NO-[]
n 24 ho filled in			3. NAME OF DECEASED (Type or print) Colour Franklin Dorfmons DEATH DEATH 1957
ed within			5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DAYL OF BIRTH WIDOWED DIVORCED DIVORCED 1981 1981 1981 1981 1981 1981 1981 198
ond com	death	1	100. USUAL OCCUPATION (Give kind of work done done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 2
e b corf	urs arter		13. FATHER'S NAME DOLLMAND 14. MOTHER'S MAIDEN NAME BE IL
h certificol ing physic ie remove	1 / Z hor	n	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or uninquin) (It yes, give wer or doles of service)
equires that the death of signed by the attendi	Digital within		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cotise (a), storing the under- lying couse lost. (c)
The lost range physicio hos been rial-trans	mayol, or	4.,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES VIOLENTIAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES VIOLENTIAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
offending officate os the by	on, or re		20a. ACCIDENT WAS UNDERLYING COURTED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (South) (South)
ital or rithis ce for use	ccenos		Hour a. m. p. m. 19 While Not while of work
TAL BRATTEND III	A ar prior rd bundi,	1	21. I certify that I attended the deceased from Cury 18, 1937, to 1200, 1957, that I last saw the decease alive on 1957, that I last saw the decease alive
moy be FUNER			220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) BURIAL CREMATION. 22b. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BURIAL CREMATION. 22b. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) COLUMN 12c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) COLUMN 12c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)
VS A15 (4) 15M 9/55			23. FUNERAL DIRECTOR'S SIGNATURE Brangonsky offora 3001-1427W. Date 24b. REGISTRAR'S SIGNATURE Monesteveres
			11 W.X. 1

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BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) n. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) day Ven d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? YES NO X NAME OF 4. DATE Last Month Day Year DECEASED OF (Type or print) à. DEATH 0 19 (1) 9. AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED DATE OF BIRTH Days Hours Min. DIVORCED [7] WIDOWED, N 180 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) e many after 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ames 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse ger line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Aud Canditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. (c) PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (Stole) (County) foctory, street, office bldg., etc.) Nat while Hour e. m. While at work at work p. m. 21. 1 certify that 4 attended the deceased from 2 Lithat I last saw the deceosed olive on and that death accurred M, from the couses and on the date stated above. at ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) SPEMATION. 226. DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) LINCOLN ADDRESS 249, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE RIVER DALE M

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physician

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Signed

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Tell of the State of State of

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13451 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13803

10401			Reg	Dist. No.
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where deceased o STATE Maryland	l ved If institution Re b, COUNTY	Prince Georges
b. CITY OR TOWN / outside corporate familia write RURAL and give negrest flown) Cheverly	D.O.A.	CITY OR TOWN (If outs'de corpor	ole limits, write RURAL	and give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp Prince Georges General Hos	pital, give street address)	d STREET ADDRESS		e. IS RES DEN TON A FARM YES NO 12
		ILE -	- 27	-
3. NAME OF DECRASED (Type or print) Floyd	Middle	Edmonds 4. DATE OF DEATH	December	31 19 57
5. SEX 6. COLOR OR RACE 7. MARRIER Colored WIDOWED	DISCNEVER MARRIED [8.	January 2, 1923	AGE (In years IFUND	DER TYEAR IF UNDER 24 HRS B Days Hours Min.
10o. USUAL OCCUPATION (G've kind of work done 10b Kinduring most of working life, even if refired) Teah Collector	ash Collection			U.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
Willie Edmonds		Mamie Mon	tt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S [Yes, no, or unknown] (if yes, give war or dates of service) 2. 18 CAUSE OF DEATH [Enter only one cause per line for	17-18-7564 G	loria Eliz. Edmonds	Address s; same as #	2. Interval setween onset and dea h
gove rise to immediate cause (a), stating the underlying cause loss. (c)		of neck and face		
PART II, OTHER SIGNIFICANT CONDITIONS COI				PERFORMED? YES NO.
200. EXTERNAL CAUSE WAS PRIMARY D OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	ot by another	nter nature of injury in Port 1 or Part II of	ilem 18.)	
20c. TIME OF INJURY Month, Day, Year 20d In Hour 20th, The 31 57 White	NIURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm, 20f. (City or pry, street, affice bldg., etc.)		Caunty) (State)
21. I certify that I took charge of the re	empins described abo	ve, held an Autopsy 🔲, 🛚 Ins	pection 😿 , Inq	uiry X, and in my
opinion death resulted from: Natural co	ouses []. Accident [, Suicide , Homicide X	1 Undetermine	d manner
SIGNATURE JOHN TO Ma	long	M.D CHIEF MEDICAL EXAMINER		DATE SIGNED
EXAMINER'S		ASSISTANT MEDICAL EXAMINER		. 22 2000
PAME (Type) John T. Maloney 220 BLRIAL CREMATION, 2726 DATE THEREOF REMOVAL (Specify)	22c. NAME OF GEMETERY OF	CREMATORY 22d LOCATION 1 1/2 LOCATIO	December ON (C ty., topin, or count On (C ty., topin, or count	
23 FONERAL DIRECTOR'S SIGNATURE HUNY I WAS AND STONE SAN	ADDRESS 467 Noi	240. REC'D BY REGISTRA DATEJAN 1 3 '58	R 246 REGISTRAR'S	SIGNATURE

execute 19 certificate, writing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 show for twarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be related for your files.

10 FUNESAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Salabard of Health, or its designated agent, prior to burial, cremation, as permoval, and in any event within 72 haurs often described. VS. A15ME 5M 2.57

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DEVEED ENG. 2. V. UARREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7>	13432 CERTIFICATE OF DEATH Reg. Dist. No.
director	1. PLACE OF DEATH O. FOUNTY O. STATE 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) O. STATE b. COUNTY 4
funeral	b CITY OR TOWN (If outside corporate limits, write grant and give pagest town) AND TOWN (If outside corporate limits, write RURAL and give pagest town) AND TOWN (If outside corporate limits, write RURAL and give pagest town) AND TOWN (If outside corporate limits, write RURAL and give pagest town) AND TOWN (If outside corporate limits, write RURAL and give pagest town)
by the	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ROLL MAINOR 508-68+5W e. 15 RESIDENCE ON A FARM? YES NO
filled if	3. NAME OF DECEASED ARY BERNADINE FITZCEARLD DEATH DEC 14 19567
npletely ers. Po	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 7. AGE (In years lift under 14 ARS love) North lift North li
execution paper	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. EIRTHPLACE (State or foreign country) WASHINGTON DE 12. CITIZEN OF WHAT COUNTRY) 13 FATHER'S NAME
ficate be ove carb ours offer	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
th certification of the certif	tree, no. or unhagen III yes, give wer or done of service) none 2050ph T, Fitzgerhup nu
the dea	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death Conchical Concumorus IMMEDIATE CAUSE (a) Death Conchical Concumorus Conchical Concerns Conchical Concerns Con
ed by the	Conditions, if any, which (b)
cian. cian. en sign onsit per	couse (a), stating the <u>under</u> DUE TO lying cause last.
The lay	5 Tractine of Right Hip. Beneralised arthurchers. YESTI NOT
attendir artificate as the b an, or r	
pital or in this ce for use cre≡ati	Hour o. st. p. m. While Not while of work of
TENDIN The host OR: Afte stoched burial,	21. I certify that I attended the deceased from 1957, to 1957, that I last saw the deceased alive on 1957, and that death accurred at 8: 30 M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED
OR AT	ACTUAL SIGNATURE John / Juice M.D. 24/2 Minnesota Gre SE Noe 14, 195
HOSPITAL may be retain FUNER FUNER FONER F	PHYSICIAN'S TOHA I FREE 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (Gity, town, or county) (State)
may in Fun Page the re	BENDOVAL (Specify) 12/17/57 Mt OLIVET NASHING OF CHMATORY 121. LOGATION (GIV. Town, or county) (Store) 23. FUNERAL DIRECTOR'S SIGNATURE D ADDRESS 26 A 4 5 7240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	Fillellamtees on NE WASh DCole C. 18 100; James Severy

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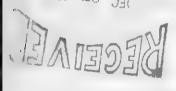
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11-10-11

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13455 13515 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest town? d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO 3. NAME OF Khiridla 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 12-19 0 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) DIVORCED T WIDOWED TS 4 yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO IZ 50V4 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour o. n. Not while at work at work p. m. D. c. 2/..., 19.5), that I last saw the deceased 21. I certify that I attended the deceased from.__ _, and that death occurred at 10:15/2-M, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) ATLEN 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (Stote) **REMOVAL (Specify)** 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 245. REISISTRAR'S AIGNATURE

BUREAU V. &

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1.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
L-4		13458 CERTIFICATE OF DEATH Reg. Dist. No.
director director	1.	PLACE OF DEATH COUNTY NARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution, Residence before admission) STATE O
funeral funeral	L	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 2 2 6 - 11 t
by the		d. NAME OF HOSPITAL lift not in hospital, give street address; of institution of MEMOYIAL HOSP 1 3606 Bit 18 PENDER ON A FARMS ON A
filled In	L	NAME OF DECEASED (Type or print) Charles French necht of Death OF DEATH OF DEATH OF DEATH
pletely rr. Po	L	SEX P 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH WIDOWED DIVORCED 8-3, -86 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS) Months Days Hours Min
and cam		USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS-OR HIBUSTRY 11. BIRTHPLACE (State or foreign country) During mostly of Ling if even if elired 2 S. Sovetiment III. BIRTHPLACE (State or foreign country) Lt. S
icion o e carbo	13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME. MINNIE.
ng phys reman 72 hou	15. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (If you give wor or dates of service) OSP. TECOVAS
ottendi on pleas r within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
that if by the nit. The		Conditions, if any, which) DUE TO Costered Selevation Heart Key 142
on. signed sit pern nd in a		gave rise to immediate couse (a), stating the under-lying cause last. DUE TO (c)
physical phy	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO DE
IAN: Ti lending ficate if the bur or ren	CERTIF	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PHYSIC of or off his cert use os emotion	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) Haur a. m.
After, the formula of		21. I certify that I oftended the deceased from 21/2, 19.57, to 37.55, 19.57, that I last sow the deceased of the open of the courses and on the date stated above.
ATTEN 1 by the ECTOR: a detact or to bu		oflive on 1997, and that death occurred of 1997 M, from the couses and on the date stated above ADDRESS (Street, gity or town, state) DATE SIGNED ACTUAL
TAL OR PIRE Price		PHYSICIAN'S - 1-11 16/2/11/14/2.
moy be moy be FUNE page 3 the regis	720	BURIAL CREMATION: 26. DATE MEREOF SEMONAL IS GREAT SUCCESSION (City, town, or county) MANTE OF CEMETERY OR CREMATORY Clied go, 261 (Stote)
VS A15 (4) 15M 9/5S	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS MA REGISTRAR 246 REGISTRAR'S SIGNATURE ADDRESS MA DATE ADDRESS MA DATE
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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384

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 13438 Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived | Unstitution: Residence before admission) a COUNTY be-Filed h COUNTY MARYLAND KAMI deoth. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town), RURAL and give negrest townly should b Inila d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE **ORLINSTITUTION** ON A FARM YES T NO DE NAME OF First Middle 4. DATE Month Year Day Filled DECEASED (Type or print) DEATH COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years last birthdoy) IF UNDER TYEAR IF UNDER 24 MRS Months Days Hours WIDOWED T DIVORCED [7] papers. YII. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) death. 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) and 17 corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) offending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO thof ģ ARTERIOSLEROSIS permit. ony Conditions, if any, which signed gave rise to immediate DUE TO cause (a), stating the underpuo lying cause lost. buriol-tronsit PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERNINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES TO NO COL 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 80 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. n. factory, street, office bldg., etc.] While Not while ot work | p. m. pl work 2 19 7, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at ASSEM, from the causes and on the date stated above. ADDRESS /Street, city or town, state) DATE SIGNED DIRECT ACTUAL prior D PHYSICIAN'S NAME (Type) 26. NAME OF CEMETERY OR CREMATORY FUNE BURIAL CREMATION LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 246. REGISTRAR'S SIGNATURE 24s. REC'D BY REGISTRAR VS A15 (4) 15M 9/SS



VS A15 (4) 15M 9/5S I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13457 CERTIFICATE OF DEATH

Reg. Dist. No. 3458

		1								
1. PLACE OF DI	ATH				USUAL RESIDENCE	(Where decease	d lived. If institut		efore admis	ion)
Prince	Ceorges		MARYL	LND	Mary	el en d	D. COUNT	Prime	Ceorg	85
	OWN (If outside corporate lim I give negrest town)	its, write	c. LENGTH OF STAY IN	4 1b			orate limits, write f			
Chever			17 days		Lanh	am				
d. NAME OF	HOSPITAL (If not in hospital, I	give street o			d STREET ADDRES				e. IS RES	IDENCE
	Ceordes Cenera			'	7301	Ciprain	o Pond			FARM?
3. NAME OF	Fin		Middle		Lost	4. DATE	-	4		7
OECEASED (Type or prin		131		-		OF DEATH	Moi		,	Yeor
		17	C.	-	alentine	DEATE	Decem			19 57
5 SEX	6. COLOR OR RACE	1741 6757	ED NEVER MARRIED	120	ATE OF BIRTH		9. AGE (In years last birthday)	Months Ogy		Min
'alc	White	WIDOWE		Prod .	1-14-51		6 уп			
during mos	CUPATION (Give kind of work t of working life, even if retired	done 105. R 1)	CIND OF BUSINESS OR	INDUSTRY		store or foreign			OF WHAT	COUNTRY
	none									
13. FATHER'S NA	AME				4. MOTHER'S MAID	en name C. Barr				
Clare	ence Galentine				петен	C. Dari	•			
15 WAS DECEA	SEDEVER IN U. S ARMED FOR		OCIAL SECURITY NO	17 INFO	RMANT		Add	F013		
Çivi. our di di dina	no	n	ione		Father		25.21	OTTO		
18. CAUSE	OF DEATH [Enter anily one co	ouse per ling	e for (o), (b), and (c)]	_				11	NTERVAL BE	
PAR	T I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	il	lass eni.	diti	" Veril	· · · · les	Krewark	-1110	NSET AND	DEATH
1	DUE TO		10-		<u>u juan</u>	JD - Z	[12/]	27		
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lying cau		:][accur	00		/ 				
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<u> </u>									YES 🗌	ио 🔲
☐ OR CONTR	ENT WAS UNDERLYING BUTING CAUSE OF DEATH	20b DESC	RIBE HOW INJURY OCC	CURRED (inter nature of injur	y in Port I or Po	rt II of item 18)			
	NOTIFY MEDICAL EXAMINER)									
20c. TIME O	FINJURY Month, Doy, Ye			Oe. PLACE	OF INJURY (Hame, street, office bldg.	form, 20f. (Cit	y or town)	(Coun	y)	(State)
20c, TIME O	g. m. p. m.	While of work	Not while	Toctory	, sireer, ortice blog.	, alc)				
	tify that I attended the	decease	d from 11 - 1	5	19.5], to	120	195	,that I last	saw the	deceased
alive on	m - 1	19.5		-	curred at 11:					
J GIIVE GII.			, and mare	icam ac	corred attitue.		Street, city or town,		D. D.	ATE SIGNED
ACTUAL	X10000	Ma	00000	,	271	7-20	MINI	What.	A least	1/220
SIGNATURI	March Flat	VOLE	GRAGA.	M.D	2./.!.			a veryan	47414	17-7-7
PHYSICIAN NAME (Typ	George	Ho	19+0ge		Co	ttage (ity)Md.	. (
220. BURIAL, CR		OF .	20 NAME OF CEMET	ERY OR C	REMATORY	22d 1OC/	TION (City, lawn,	or county)	(Stot	e)
REMOVAL Buria		1957	Mt. Oliv	ret C	emetery	1	hington		,,,,	
	RECTOR'S SIGNATURE	1001	ADDRESS	600		REC'D BY REGIS		STRAR'S SIGNA	TURF	
	£!						0.	1	1	
	F. Gasch's S	ons-	nyattsvill	Le, N	ld. DATE	DECG	<u> </u>	- earl	<u> </u>	

DEC STATE

CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) p. COUNTY o. Shirvland Prince Cooperge M Prince MARYLAND George b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 05 Cheverly 11 hours College Park d NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George General 5120 Kennebunk Terrace YES NO T NAME OF DECEASED Middle 4. DATE Year (Type or print) John R DEATH Garris Dec 19 57 5. SEX 6. COLOR OR RACE 7 MARRIED M NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Male White WIDOWED | DIVORCED [Jan. yrs 10a USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (state or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) North Carolina Barber U.S.A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 225 10 7194 Lucille Garris College Park, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL SETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Ey NYWW. IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last NOL PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES DI NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 18.) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while of work of work p. m. 12.28-57.19 2-2/-5/19 that I last saw the deceased 21. I certify that I attended the deceased from..... , and that death occurred at 7 M, fram the causes and an the date stated above RECTOR: ADDRESS (Street, city or town, state) det ACTUAL PHYSICIAN'S Dr. William Weintraub NAME (Type) FUNERA oge 3 st 220. BURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Transportation 12/30/57 Roanoke Virginia 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRES5 240, REC'D BY REGISTRAR 246 REGISTRARIS SIGNATURE VS A15 (4) F. Gasch's Sons Hyattsville. Md. DATEN I IN 15M 10/57

ofter death. Page

within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/55

after

within



HOSPITAL

NECEIVED.

DEC 30 1025

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived if institution Retidence before admission) PLACE OF DEATH necessary, please all director. Page of for your files. . Page files. Realth, · COUNTY **b** COUNTY Prince Georges MARYLAND Maryland b. CITY OR YOWN of ourside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Berwyn-- College Park Berwyn- College Park d NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address) d STREET ADDRESS 1711 Tecamseh Street 4711 Tecemseh Street 3. NAME OF DATE Middle Month Lost DECEASED Isabe Gingell DEATH (Type or print) December 9 AGE (In years 6 COLOR OF RACE 7. Mars. VER MARRIED 1 8. DATE OF BIRTH IF UNDER TYPAR Months Female white WIDOWED T DIVORCED E March 10. 1905 10a LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working I fe, even if ref red) 12 CITIZEN OF WHAT COUNTRY? pue Certified Public Accountant Maryland Give Pages with form PM3. mit. File pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Edward Daniel 8 Annie Bewly 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give war at dales of remice) Harold Gingell, 4209 Oglethorpe St. Hyattsvill No. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] along 1 PART I DEATH WAS CAUSED BY: Acute congestive heart failure burial-transit IMMEDIATE CAUSE (0) Office + 401 X **DUE TO** Cardiovascular renal disease Conditions, if ony, which gove rise to immediate couse Examiner's DUE TO (a), stating the underlying CATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY used 0 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20b DESCRIBE HOW NULRY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) ef Mec CAUSE OF DEATH. Month, Day, Year 20d. INJURY OCCURRED | 20m. PLACE OF INJURY (Home, form, 120). (City or town) 20c. TIME OF INJURY (County) factory, street, office bldg., etc.) Not while Hour o.m. of work at work . p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry [7], opinion death resulted fram: Natural causes 🖪 Accident 🗍 Suicide 🗍 Hamicide 🗍 Undetermined manner TOPW DIREC ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER John T. Maloney, M.D. December 20. DEPUTY MEDICAL EXAMINER T NAME (Type) FUN 220 BURIAL CREMATION | 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Beltsville, Md.

Hyattsville, Md.

St John's Cemetery

240./REGIQ BY REGISTRAR

e IS RE DEN' F

YES NO

19 57

House

INTERVAL BETWEEN

PERFORMED?

DATE SIGNED

(State)

246 REGISTRAR'S SIGNATURE

YES 🗍

NO I

(State)

U.S.A.

Days

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23 FUNERAL DIRECTOR S SIGNATURE

F. Gasch's Sons



THE PLAN

13517 CERTIFICATE OF DEATH

13463

	100				112 01		•		Reg. Dist. No.			
1. PLACE OF DEATH 0. COUNTY	e de roes		MARY	/LAND	STATE	land	ere deceased	b CQUNTY	-	s before adm		
6. CITY OR TOWN	(If outside carporate limi	its, write	c. LENGTH OF STAY	IN 15			utside corpor	ate limits, write R				
RURAL and give	College Par	Te.	1 Yr 5 H	0		ts vil						
OR INSTITUTION	PITAL (If not in hospital, s	ive street			, d. STREET	ADDRESS				e IS R	ESIDENCE A FARM?	
	Pranch Tu.	Slii	10.16		1 0000) <u> </u>	A. e	nue		YES	NO [3]	
3 NAME OF DECEASED (Type or print)	Fic ED	A	Middle	60	BACT	TI. DF	4. DATE OF DEATH	Decebe		Day	Year 19 5.77	
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🗍	B DATE OF BIR	TH		9. AGE (In years		YEAR IF UN		
Fe ale	Thite	WIDOWE	DIVORCE	0	Teb 5,	1007	7	lost birthday)	7	Days Hour		
during most of w	TION (Give kind of work- orking life, even if retired	done 105.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHE	LACE (State o	or foreign co	untry)	12. CITIZ	EN OF WHA	AT COUNTRY	
			um Home		Tell	. Cit:	Tn.	Jiana	TJS	A		
13. FATHER'S NAME					14. MOTHER				1,000	cab .		
Arrijust					Iva	Harie	Sch	lott				
15. WAS DECEASED ET (Yes, no. or unknown)	VER IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. K	NFORMANT			Addi	ess			
No	(ii) ii) gran an ar ar ar ar				lursing	Home	Bec	ords				
18. CAUSE OF D	EATH [Enter only one co	use per lin	re for (a), (b), and (c).	1	10			23.770		HNTERVAL	ETWEEN	
PART 1. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	. 1	200	d Laboratoria	/	1	,			ONSET AN		
430 X	DUE TO	L								707	was	
Condition					,							
	Canditions, if ony, which (b)											
cause (a), stating the under. DUE TO												
Some state Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.												
3	Leneral	DITIONS C	1 . 1	ATH BUT		THE TERMIN		CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?	
20a, ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	YAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206 DESC	RIBE HOW INJURY O			of injury in Po	ort I or Part	II of item 18.)				
	JRY Month, Day, Yes	r 20d. IN	UURY OCCURRED	20a. PL/	CE OF INJURY	Home form	206 (Cibe	Az Jawa)	15.		200	
Hour o. n	10	White	Not while	foc	tory, street, offic	e bldg., etc.)	i zon. (Gilly i	or rownj	(Ca	unty)	(State)	
₹ p, m	. "	at work	al work				1					
21. I certify	that I attended the	decease		70.	<u>5_, 19</u>	_, ta	DIEC	7. 1957	that I la	st saw the	decease	
alive on	DEC (126	\overline{Z} , and that	death	occurred at	110	M. fram	the causes a	nd an the	date sta	ted abay	
	~ 1	7				A	DORESS (Str	eet, city or town,	slate)		ATE SIGNE	
ACTUAL	July	0-1	Truy.		NO. 7/0	5-18	21665	SRD	HV.	ATTSI	ILLE	
	1 /		+ /					7		44 P	13/	
PHYSICIAN'S NAME (Type)	HU&H	W.	14EY							14/0	141/	
220. BURIAL, CREMATI	ON, 226. DATE THEREO	F	22c. NAME OF CEME	TERY O	CREMATORY		22d. LOCATI	ON (City, town, o	r county)	(Ste	ite)	
REMOVAL (Specif	1 18/10/5	7	Root Jac	132	Jamest.		.7031	ton				
23. FUNERAL DIRECTO	R'S SIGNATURE	7 7	ADDRESS	1		24g, REC'D	BY REGISTR		TRAR'S SIGN	ATURE		
a parken y	authors Son	الأياب الروا	CHT CHTRY	- Val.	LLRAAVE			0 1		1		
- / Ddi - Late O	A 1 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1		144 00 00	ومدب	and all	I AUTO BROWN	1 0 57	7 R FOR A	0 5 4 4	6		

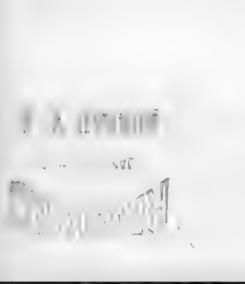
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.

TO FUNDAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page though be detached for use as the burial-transit permit. Then please remane carbon papers. Page and 2 should be filled with the registrar prior to burial, cremation, or remanal, and in part Evoluting 22 hours after death. VS A15 (4) 15M 9/55

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MATTER,

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VS A15 (4) 15M 9/55 0

MAKILAND SIAIE DEPAKII	IMENI OF HEALIN-BALIMOKE, 18
13461 CERTIFIC	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH COUNTY PRINCE GEORGE'S COUNTYMARYLAND	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	the court of town (If outside corporate limits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR HISTITUTION LAWREL GENERAL HOSPITAL	383 Main Street VES NO. 15 RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print) PRISCIPA Middle	Nance 4. DATE Month Day Year DEATH December 7 1957
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED & HOMELE WIDOWED DIVORCED D	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 24 HRS IF
10a USUAL OCCUPATION (Give kind at work dane 10b KIND OF BUSINESS OR INCouring hipst of working life, even if retired)	NOUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY L. NEW JERSEY U.S. A.
13. FATHER'S NAME JOSSIE Name	14. MOTHER'S MAIDEN NAME Mary FEASEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes. no. or unknown) (If yes, gave wor or dates of service)	Thamas Francis Lacrel M
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	By Thromfore of Election
Conditions, if any, which gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> Conditions, if any, which (b) (b) (b) (c) (c)	
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Port I ar Port 11 of item 18)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour o. m. p. m. 19 While Not while of wark of wark	PLACE OF INJURY (Home, farm, foctory, street, effice bldg., etc.) (Caunty) (State)
21. I certify that I attended the deceased from 12-15 alive on 12-15. ACTUAL SIGNATURE BY MANGEN	ath occurred at 12 A Fram the causes and an the date stated above ADDRESS (Street, City or town, slote)
PHYSICIAN'S BPWARREN	
220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 12 10 5 7 4 4 4 4	Il Cem Laurel Md
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS!	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

ECTIVA Nº &

BALLE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived AC institution: Residence before admission) filed a. COUNTY MARYLAND deoth: funeral b. CITY OR TOWN (If outside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL, and give nearest town) c. LENGTH OF STAY IN 16 eg RURAU and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO 3. NAME OF Middle DATE Year DECEASED OF DEATH (Type or print) Ó 19 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR last birthday) Months Days Hours Min. WIDOWED D DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 **BIRTHPLACE** (State or foreign country 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) GUSEWI 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) im knunn CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SOIX that **DUE TO** ģ Ë any Canditions, if any, which Bued gave rise to immediate ž.5 **DUE TO** couse (a), stating the underlying cause last. PART IJ. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 of Fart 11 of item 18.) 20c. TIME OF INJURY Month. Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Yeor (County) (State) factory, street, office bldg., etc.) Hour a. n. While Not while at work at work p. m. 21. I certify that I attended the deceased from 19.2. Ithat I last saw the deceased that death occurred -M, from the causes and on the date stated above. DATE SIGNED ACTUAL 5 Q. O HOSPITAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 2 23. FUNERAL BIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE

BEVN N. E.

TO NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4

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	LACE OF DEATH	Prince Geor	ge	MARYL	11	P. USUAL RESIDENCE (V. D. STATE S	OM 6	d lived. If instituti b. COUNTY	oni Reside	nce befo	re admissi	ion)
1	RURAL and give no		ls, write	c, LENGTH OF STAY IN	1 1b	c CITY OR TOWN (II	outside corpo	prate limits, write R	URAL and	give ne	arest town)
	LBU. NAME OF HOSPIT OR INSTITUTION	<u>rel</u> 'AL (If not in hospitol, g	ive street	d yrs.		d STREET ADDRESS	Dane	,			e. IS RES	IDENCE FARM?
		albot				<u>/</u>	Same					NO 🖫
	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mor		Do		Year
	Type or print)	Aurea		Matilda		rtzell	DEATH		ember			19 57
5. 5	EX	6. COLOR OR RACE	7. MARI	RIED 🔲 NEVER MARRIED	וושי	DATE OF BIRTH		9. AGE (In years lost birthday) 85 yrs.	Months	R 1 YEAR	Hours	Min.
_	Female	White	WIDOW			May 16, 187						
100	during most of work	ON (Give kind of work it ing life, even if refired Housewife	done 10b.	KIND OF BUSINESS OR	INDUSTI		e or foreign o		12. C		S.A.	COUNTRY
13.	FATHER'S NAME					14 MOTHER'S MAIDEN	NAME			- "-		
		Mey	ers			und	2 mar	~~				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	1	ORMANT		Add			7 .7	
_	ni.					Robert J. P	artzei	1-son	50	me a	ddre	SE
		•	use per li	ne for (a), (b), and (c).]						INT	ERVAL BE	TWEEN
	PART 1. DEA	TH WAS CAUSED BY, IMMEDIATE CAUSE (o	1	Cerebral Ha	emor	rhage					1	hr.
	SOIA DUE TO											
	Conditions, if ony, which) (b) Arteriosclerosis											
	gove rise to i couse (a), stating											
	lying couse lost.) (0				Trades de la California						
CATION	PART II. OTI	her significant con Noti	-	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	/EN IN PA	RT 1(0)	PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY			CRIBE HOW INJURY OC	CURRED	(Enter nature of injury i	n Part I or Po	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Ye	While	Not while		E OF INJURY (Home, for ry, street, affice bldg., a		y or town)		(County)		(Stote)
2	p. m.		of wo	Pagend Sapped		55	Dog	5 . 57				
	-	iat I attended the	deceas	sed fram Feb.		, 19. <u>55</u> _, ta	Dec	5, 1957	,ihat l	last s	aw the	decease
	alive an	12/3,	, 195	and that o	death o	occurred at 4		m the causes (Street, city or town,		the do		ed above ATE SIGNE
	ACTUAL SIGNATURE	John		Gnell	M	b. 402 Mai	,	Laurel,			12	/5/57
	PHYSICIAN'S NAME (Type)	John R. Bue	11,	M.D.								
220	BURIAL CREMATIC	N, 22b. DATE THERES	5-1	aram V	all	CREMATORY Comete	22d. 10EA	ATION (City, town,	or county)	1é) (Stot	e)
23	FUNERAL DIRECTOR	SSIGNATURE	26	ADDRESS)	.0	DATE Y	CO BY REGIS	TRAR 246 REGI	STRAR'S	IGNATU	IRE	
	COV AND		7	- Pagaa	-			11,10	2011	HAL.		

To A Carrillo

13468

il director, filed with the func 24 gud physicio ottending signed DIRECTO FUNE

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VS A15 (4)

15M 10/57

p-1 pm

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) e COUNTY D. STATE b. COUNTY MARYLAND Prince George PG. b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) 25 d. NAME OF HOSP TAL (If not in hospital, give street address)
OR INSTITUTION Hours Riverdale, Md d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT 6306 59th Ave. Prince George Hosnital NAME OF 4. DATE Frances Year DECEASED (Type or print) DEATH 19 57 Margaret Elizabeth Haugh Dec. 6. COLOR OR RACE 5 SEX 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Hours WIDOWED [DIVORCED | Female White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COLNTRY during most of working life, even if retired) Child Child U.S.A. Cheverly. Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thelma E. Northrop Robert Haugh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT No None None Same as above Rebert Haugh 1B. CAUSE OF DEATH [Enter only one cause per line für (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which fb gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 VAS AUTOPSY PERFORMED? YES NO P 2%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Not while at work at wark p. m. Sea. 21. I certify that I attended the deceased fram that I last saw the deceased and that death accurred a 10:115A . M., from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED PHYSICIAN'S E. Gaerlren Dr. Prince George General Nosp. NAME (Type) 220 BURIAL CHERANOSOL 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) MENONIX (Specify) Fort Lincoln Cemetery Bladensburg, Maryland. Burial W. Chambertones Co. Riverda le MGHED BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE DEC 2 6 '57

图 Mn.



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13465 CERTIFICATE OF DEATH

Reg. Dist. No.

13469

Keg. Uist, Ne.									
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY.							
Prince George	MARYLAND	o. STATE Maryland b. COUNTY Prince George							
	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town)							
Laurel Maryland	10 days	H Laurel							
d. NAME OF HOSPITAL (If not in haspital, give street odd OR INSTITUTION	ress)	d. STREET ADDRESS	•	15 RESIDENCE ON A FARM?					
	nc.	817 Montgome	ry	YES NO X					
3. NAME OF DECEASED THE First	Middle	Last	4. DATE Month	Day Year					
(Type or print) / and Ello		Havnes	December 1	30 19 57					
S. SEX ATCOLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE last birthday) Months	ER 1 YEAR IF UNDER 24 HRS					
female white WIDOWED	DIVORCED [July 7, X 18	873 84 yrs.	Days Haurs Min.					
10a USUAL OCCUPATION (Give kind of work dane 10b. KIN during most of working life, even if retired)	ID OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of		ITIZEN OF WHAT COUNTRY?					
housewife		Laurel, Mar	vland	United States					
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	ĂME .						
James Brown		Shorts Mar	737						
	CIAL SECURITY NO. 17.	INFORMANT	Address						
unknown		from hospital	hecords						
18. CAUSE OF DEATH [Enter only one cause per line for	or (a), (b), any (c) }	0 12	. 0	INTERVAL BETVEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	elkra	& Telles	reliel	1 O BEHAN					
DUE TO A	1	,	/						
Conditions, if ony, which) (b)	1/18 70	well		Dyr.					
gove rise to immediate cause (a), stating the under-									
lying couse tost	lere	Jeler	Des	10 U.M.					
PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	RT I(a) 19. WAS AUTOPSY PERFORMED?					
S				YES NO					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I ar Part II of item 18.)						
	RY OCCURRED 20e PL	ACE OF INJURY (Home, farm,	20f (City or town)	(Caunty) (Slote)					
Haur e. m. While of wark	LADI MULIA	ctory, street, affice bldg., atc.)	/						
21. I certify that I attended the deceased	fram 12/28	1957, 10.17	130 19 That I	I last saw the deceased					
alive on 18 12-9 19 1	2 , and that death	accurred of 7	M, fram the causes and an	the date stated above.					
11 (1/13, 1,0)	51111		ODRESS (Street, city ar tawn, state)	DATE SIGNED					
ACTUAL SIGNATURE	SIGNATURE MO Cace 1243/1/								
PHILIDIAN'S /			(.	/ - /					
NAME (1990) John M. Warren.	M. D.								
220. BURIAL, CREMATION. 22b. DATE THEREOF 2	20 NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City lown, or county)	(State)					
Dr: wal Jan / 19581	try till	- Cemeley	Janual, MM	augland					
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS.	1 7/ 13to Acc	DIBY REGISTRAR 246 REG STRAR'S S	SIGNATURE					
All Will Neanaldras	s. Kachel	// 1 DATE	161.116	le three Cly					

THE SEED VEI

BUREAU V. E.

ARYLAND STATE DEPARTMENT OF	HEALTH-BALTIMORE, 18
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CERTIF 13466

MARYLE

E. LENGTH OF STAY IN

Alice

WIDOWED

7. MARRIED T NEVER MARRIED

At Home

None

20b. DESCRIBE HOW INJURY OCCI

20d. INJURY OCCURRED

Hours

Middle

DIVORCED [

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CA	TE OF DEATH	1		Rea. Dis		470
	2. USUAL RESIDENCE (Who				e before ad	mission)
	Maryland	Pr	Ince Geor	go		
16	c. CITY OR TOWN (If or	utside corpo	orote limits, write f	URAL ond g	ive nearest t	own)
	Bladensburg		3:			
	d. STREET ADDRESS		,			RESIDENCE
	4109 Edmondt	on Re	d.		YES	N A FARM?
	Lost	4. DATE	Mor	nth	Day	Yeor
H	eller	OF DEATH	Decembe	r	31	10 57
7 8	DATE OF BIRTH		9. AGE (In years lest birthday)	IF UNDER	YEAR IF U	NDER 24 HRS
_ J	an-18-1876		BI yrs.	Months 7	Doys Hou	res Min,
4DUST	RY 11 BIRTHPLACE (Stote of	or foreign c	country)	12 CITI	ZEN OF WI	AT COUNTRY
	Washingt	on	D. C.	Uas	S.A.	
	14. MOTHER'S MAIDEN N	AME				
	Mary Kath	erin	ne Power	28		
7. IN	ORMANT		Add		O Ham	ilton
X	lice H. Der	nev	Sta.		ts. M	
			2	11 1	1	BETWEEN
no	en Que	bol	u Cel	h P.C	CANSET A	ND DEATH
10	210	1.	. 0			
M.	7. 4 40	eu	ua,			
7-2	lesotia	H	L de			
BUTIN	OT RELATED TO THE TERMIN	NAL DISEAS	SE CONDITION GIV	EN IN PART	I(o) 19. W/	AS AUTOPSY
					YES	FORMED?
RRED.	(Enter noture of injury in Po	ort I ar Par	rt II of item 18.)			
focto	E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. {City	y or town)	(Co	ounty)	(Stote)
	. 195 to 1	2-30	1950	2.that I k	ast saw th	ne decease

Hour o. m. While Not while of work at work p. m 21. I certify that I attended the deceased fram and that death occurred at_ ACTUAL SIGNATURE

M, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

(Stole)

Roth NAME (Type) 220. BURIAL CREMATION, 226 DATE THEREOF REMOVAL (Specify)

PLACE OF DEATH o. COUNTY

NAME OF DECEASED

Female

5. SEX

CERTIFICATION

(Type or print)

13. FATHER'S NAME

1351

Prince George

RURAL and give nearest town)

b. CITY OR TOWN (If outside corporate fimils, write

Prince George General

during most of working life, even if retired)

Housewife

Charles Barr

Conditions, if any, which gave rise to immediate

cause (o), stating the underlying couse lost

20c. TIME OF INJURY Month,

PHYSICIAN'S

Burisl

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

Rose

6. COLOR OR RACE

10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR II

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO

CAUSE OF DEATH [Enter only one couse per fine for (p), (b), and (c)

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

White

None

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

22c. NAME OF CEMETERY OR CREMATORY

Fort Lincoln Cemetery

22d. LOCATION (City, town, or county)

Maryland.

Bladensburg. Maryland.

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHAMBERS CO., Riverdale, Md.

Jan. 2. 1958

REC'D BY REGISTRAR

Riverdale.

246 REGISTRAR'S SIGNATURE

TO FUNER VS A15 (4) 15M 10/57

Z .V U.L.

Reg. Dist. No. 1 PLACE OF DEATH O. COUNTY O.	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
BY DE CHITCH STORM (Find the corporate limits, write C. LENGTH OF STAY IN TO HUNDER CONTINUED LIMIT, write SURAL and give inscribe long to engine limits. Write C. LENGTH OF STAY IN TO HUNDER CHITCH CONTINUED LIMIT CONTINUE		13518 CERTIFICATE OF DEATH Reg. DI	13471
B. C. CITY OR TOWN thoulds expensed limit, write LERGHH OF SIA'N IN 10 H W T S W L E B. C. CITY OR TOWN thoulds expensed limit, write LERGHH OF SIA'N IN 10 H W T S W L E B. C. CITY OR TOWN thoulds expensed limit, write LERGHH OF SIA'N IN 10 H W T S W L E B. C. CITY OR TOWN thoulds expensed limit, write LERGHH OF SIA'N IN 10 H W T S W L E B. C. CITY OR TOWN thoulds expensed limit, write LERGHH OF SIA'N IN 10 H W T S W W T W W W W W W W	director	6. COUNTY POINTE (SEORGE MARYLAND) 6. STATE 6. COUNTY DO	
OR INSTITUTION OR INSTITUTION	funeral be full	HUNTSVILLE 4 MOS HUNTSVILLE	
DECEASED TO BELLY WAS DECEASED THE IN U. S. ARRED FORCEST [IG. SOCIAL SECURITY NO IT. BIRTHFULCE (State or foreign country)] 10. USUAL OCCUPATION (Give kind of work ador) ID. KIND OF BUSINESS OR INDUSTRY (I. BIRTHFULCE (State or foreign country)) 11. FATHER'S NAME 12. CITIZEN OF WHAT COUNTRY NO. C. AROLLINA 13. FATHER'S NAME 14. MOTHER'S MADEEN NAME 15. WAS DECEASED PURE IN U. S. ARRED FORCEST [IG. SOCIAL SECURITY NO IT. BIRTHFULCE (State or foreign country)] 16. WAS DECEASED PURE IN U. S. ARRED FORCEST [IG. SOCIAL SECURITY NO IT. BIRTHFULCE (State or foreign country)] 17. FATHER'S NAME 18. CAUSE OF DEATH [Enter only one course per line for [o], [b], and [c]. PART I. DEATH WAS CAUSED BY: 19. WAS DECEASED PURE IN U. S. ARRED FORCEST [IG. SOCIAL SECURITY NO IT. BIRTHFULCE (State or foreign country)] 19. FATHER'S NAME 19. CAUSE OF DEATH [Enter only one course per line for [o], [b], and [c]. PART I. DEATH WAS CAUSED BY: 19. DUE TO 19. CONTRIBUTING [ID. STATE COUNTRY IN IT. BIRTHFULLY (STATE OR IT IN IT. BIRTHFULL	by the	OR INSTITUTION	ON A FARM?
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TO GO DE DE DO DE	pletely ers. Pog	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) 72 yrs. 15 UNDER Months 73 UNDER Months 74 UNDER Months 75 UNDER MONTHS MONTHS	Days Hours Min
THE COUNTY OF THE STATE OF DESCRIPTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19 - MAT 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19 - MAT 1. I (b) I (b) I (c)	on pape on pape	COOK	
THE ODORE HINNANT County	ve carb	HARVEY HINNANT EDNA GODW	IN
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Conditions, if any, which gave rise to immediate cause (a), thorigh the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING COURSED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR White of work of the work of the part of the par	en plea nt within	PART 1. DEATH WAS CAUSED BY: PNEUMOSTATIC PNEUMONIA	ONSET AND DEATH
Cause (a), stating the under-lying cause tast. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I [e] 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH I OR CONTRIBUTING CAUSE OF DEATH I OR CONTRIBUTION OF	d by mit. The	Conditions, if any, which) (b) INANITION	3 wks
PERFORMED? YES NO 2 20a. ACCIDENT WAS UNDERLYING 2 20a. ACCIDENT WAS UNDERLYING 2 20a. ACCIDENT WAS UNDERLYING 3 OR CONTRIBUTING CAUSE OF DEATH Hour a. 1. 19 20d. INJURY OCCURRED While Not while at work 3 21. I certify that I attended the deceased from 2ET. 21. I certify that I attended the deceased from 2ET. 21. I certify that I attended the deceased from 2ET. 22. ADDRESS (Street, city or town, state) 23. FUNCTION: 27. BURIAL CESSAMPTON, REMOVAL (Specify) 27. BURIAL CESSAMPTON, REMOVAL (Specify) 27. FUNCTION:	ansit per	lying cause last. (c) GASTRIC CARCINOMA	14 MOS.
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While of work of wor	hos bee	CAT	PERFORMED?
21. I certify that I attended the deceased from SEPT	thicate s the bu n, arre		
actual signature with the course and an the date stated above and an actual signature with the course and an the date stated above appears (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE ADDRESS (Street, city or town, state) DATE SIGNATURE 22d. LOCATION (City, town, or county) (State) 22d. REC'D BY REGISTRAR PAP. REGISTRAR'S SIGNATURE	this cer or use or remotio		County) (Stale)
ACTUAL SIGNATURE CULLED M. C.	t: Affer sched fo wrial, c	1/01/61/2	
PHYSICIAN'S EVERETT W. CADENHEAD TR. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or equinty) (Stole) 22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE	RECTOR be deterior to b	ADDRESS (Street, city or lawn, state)	DATE SIGNE
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 240. REC'D BY REGISTRAR'S SIGNATURE	stror	NAME (Type) L VEREIT VV. CAUENHEAD, JR.	
240. KEC O ST KECKSTON O STOTE OF THE STOTE	page 5 the reg	REMOVAL (Specify) 12-3-57 Church 2111son	n. &
	15 (4) 9/55	District Man	A) Hotos

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VS A15 (4) 15M 9/55 115

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18

13519 CERTIFICATE OF DEATH

13472 Reg. Dist. No.

	1. PLACE OF DEATH 0. COUNTY	Prince Geo	rges	MARYI	LAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b. COUNTY							
£	b. CITY OR TOWN (I RURAL and give no	f outside corporate limitarest tawn)		c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)							,
,d	d. NAME OF HOSPIT	d. NAME OF HOSPITAL (If not in hospital, give street address)				d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							FARM?
	3. NAME OF DECEASED (Type or print)	The Prince Georges MARYLAND B TOWN (II ounists corporate limits, write of the control limits, write and give stores found) Condities to the control limits, write and give stores found) Condities to Washington Conditi				Month							
	5 SEX							DEATH					
	Male		i				.,			Months			
1.	100. USUAL OCCUPATION during most of work	ON (Give kind of work ing life, even if refired	done 10b.	KIND OF BUSINESS OF	RINDUS	STRY 11. BIRTHP	LACE (Stote	or foreign o	ountry)	12. CI		WHAT	COUNTRY
3	13. FATHER'S NAME						MAIDEN N	Carol IAME	ina.		USA	_	
1	Israel Ho	llars				Marw	Tsaac						
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. II		20000		Add	ress			
0	No	The state of the s											
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Pu			ulosis					ONSE	TAND	DEATH
	gave rise to it cause (a), stating lying cause last.	the under-)	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAG	RT 1(a) 19	WAS A	UTOPSY
0	Š Pul	Pulmonary emphysema											
	UR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	Hour a. n.		While	Not while _	20e. PU foc	ACE OF INJURY (dory, street, office	(Home, farm, e bldg., etc.	20f. (City	or town)	((County)		(State)
,	alive on 12/10 12.57, and that death occurred at 11								n the causes of treet, city or town,	ind an t state)	last sav	state	d above.
/	PHYSICIAN'S NAME (Type)	Moe Weis	s, M	. D.			Glenn	Dale,	Md.	to again alpho alpho dilawa yakana manana dan			
	220. BURIAL, CREMATIO BREMOVAL (Specify)					/			an and an	,	2.)
	23. FUNERAL DIRECTOR;	S. SIGNATURE	Um	ADDRESS 741-11	8 fr	She		En -	757 (0 0 0	STRAR'S SI	GNATURE		

PRITAR V. S.

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ofter death. Page within 24 requires that HOSPITAL VS A15 (4)

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		MARY	.AND	STATE DEPAR	TME	NT OF H	ALTH	—BAL	TIMORE, 1	8	1	34	74
			341	67 CERTIF	ICA	TE OF D	EATH			Reg. Dis	it. No.		244
,	PLACE OF DEATH	Prine Geor	rues	MARYLA	11	2. USUAL RESIDI		re decease	I lived. If institution b. COUNTY	e Geo		odmissi	on)
	RURAL and give	(If outside corporate liminearest fawn)		c. LENGTH OF STAY IN	116			itside corpo	rote limits, write R			st tawn)	
ŀ	Rf verdale	TAL (If not in hospital, (ive street	oddress)		Beltsvi			<u> </u>			IS RESI	DENCE
1		eland Memor				Gun Po	wder	Road	/			ON A	
F	3. NAME OF DECEASED	Fi		Middle	-	Lost		4. DATE OF	Mon	th	Day		eor
ŀ	(Type or print)	Met				ine Jaco	bsen	DEATH		mber	20		957
	5. SEX	6. COLOR OR RACE		RIED NEVER MARRIED ED DIVORCED		DATE OF BIRTH	-072		9. AGE (In years lost birthdoy)	IF UNDER		Hours	Min Min
-	Female	White	WIDOW	KIND OF BUSINESS OR			2865 CE (Stole o	or foreign co	92 yrs	12. CIT	IZEN OF	WHAT	COUNTRY?
	during most of wg	rking life, even it retired)				nark		,,		S.A.		
	13. FATHER'S NAME					14. MOTHER'S		AME					
\mathbb{R}		an Jens <mark>e</mark> n S		je		Doroth	ny Hai	11					
	15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S ARMED FOR		SOCIAL SECURITY NO	17, IN	FORMANT			Addi	·es1			
4	No				Họ	spital F	ecoro	ds					
		ATH [Enter only one co ATH WAS CAUSED BY	iuse per li	ng for (a), (b), and (c)]	- /	in he	it è	+ 72	26. 26			AND I	
1	IMMEDIATE CAUSE (6) C. 2 of C.												
1	Condition it are which I have let held the little to the the									a 20			
	gove rise to immediate couse (a), storing the under-												
1	lying couse lost. (c)												
	¥	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUT N	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR		PERFOR	MED?
		AS THOSPINATO ET	20h DEC	CRIBE HOW INJURY OCC	CUDDED.	/E-1	i in D	ant I as Bac	t II of days 18)		1	res 🔲	NO B
	G (IF EITHER, NOTIF	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	200. 003	CHIDE HOW INSORT OCC	UNKED.	(chief hgrore of	injury in re	att tat rat	111011111111111111111111111111111111111				
	20c TIME OF INJU		or 20d. I While of wor	Not while	Ge. PLAC faction	CE OF INJURY (H	ome, form, bldg., etc.)	20f. (Cily	or lown)	(C	County)		(State)
	21. I certify that I attended the deceased from 1950 to 20, 1957, that I last saw the deceased												
	alive on	EC 19	., 19-	-17	eath (occurred at_	1020	M, fron	n the causes o	-			
	ACTUAL	× 11 1	777			12	A	DDRESS (S	treet, city or town,	stote) /	7	DA	TE SIGNED
	PHYSICIAN'S NAME (Type)	1 W /	1/7	11711	1/2	2. 1	INE	FRD.	ALE	MD	250	S.Ed	
	220. BURIAL, CREMATI	on, 226. DATE THEREC		West Lay	ERY OR	CREMATORY		omah	TION (City, town,	or county)		(Stote)
	23. FUNERAL DIRECTO			ADDRESS			24a. REC'D	BY/REGIS	PAR 246 REGIS	RAR'S SIC	SNATURE	7	
	F. Gasch	's Sons H	yatt	sville, Mar	yla	nd.	DATE /	1301	571	7	· nds	111-	2/

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MARYLAND STATE DEPARTMENT

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VS A15 (4) 15M 9/55

within 24 haurs after death.

OF HEALTH—BALTIMORE, 18

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CED ST CEL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13476 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) Prince Georges Pal Maryland b. countince Georges MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly Seat Pleasant 20 Days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 8,105 G St., Prince Georges General YES NO NAME OF Middle 4. DATE Month Doy Yeor Baby DECEASED OF DEATH Jarbon 22 (Type or print) December 19 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS. Months Hours Min. Fame le White WIDOWED | DIVORCED 12-3-57 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, everyth retired) Nn 13 EATHER'S NAME MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI 18 CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c) INTERVAL BETWEEN ጌ PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) event 752 **DUE TO** à Conditions, if ony, which 700 E, gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enler noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, farm, 20f (City or town) 20d, INJURY OCCURRED (County) (Stote) Hour Q. m. factory, street, office bldg., etc.) Not while of work ol work 21. I certify that I attended the deceased fram. ______.that I last saw the deceased and that death occurred at 5:25P M. from the causes and an the date stated above. ACTUAL SIGNATURE 9 PHYSICIAN'S NAME (Type) Dr. John Perkins 220 BUR AL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d JOCATION (Cib (Stote 0 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 246. REC'D BY REGISTRAR

DEC SA 1821

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed If institution: Residence before admission) a. COUNTY b. COUNTRINCE George's Maryland MARYLAND Prince George's b. CITY OR TOWN (It outs de corporate limits, write FURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) North Forestville Dead on arriva Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS 3/120 Slat Prince George's General Hospital 3. NAME OF Middle 4. DATE Month DECEASED December Jenkins DEATH (Type or print) MALTY Frances P. AGE (In years 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH September h.1920 WIDOWED [7] DIVOPCED [White Female 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if ret red) District of Columbia Housewrife Own Home 13. FATHER'S NAME poges 14. MOTHER'S MAIDEN NAME Ruth Kerlin in Item 18. Give re-ice plang with form P Louis M. P. gh 15 WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Ill yes, give wor or dates of service! Same 2.5 Grady Fay Jenkins. 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: Toxemia, congestive heart failure in pencil in the ner's Office ala burial-transit a IMMEDIATE CAUSE (o) DIJE TO Conditions, if ony, which gave rise to immediate couse DUE TO (a), stating the underlying b cours lost cremation pending cal Exam used as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY ledical 700. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 1) of item 18) thief Meshorte 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20r. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Not white o. m. Poon 3 p. m. of work .ot work 21. I certify that I took charge of the remains described above, held on Autopsy 🛣 Inspection 🗷, Inquiry 🖪 CTOR: opinion death resulted from: Natural causes 2. Accident . Suicide . Homicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER 5 SIGNATURE ā ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S December 2. DEPUTY MEDICAL EXAMINERS NAME (Type) James I. Boyd Shou 22c NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMAMENT 22b. DATE THEREOF 22d LOCATION (City, town, or county)

ADDRESS

13477

IF UNDER TYEAR IF UNDER 24 HFS Hours

U.S.A.

(County)

-24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSEL AND DEATH

PERFORMED?

DATE SIGNED

(Stote)

NO F

(Stote)

e. IS FE D N E

YES NO

Rea. Dist. No.

VS. A15ME 5M 2, 57

23 FUNERAL DIRECTOR'S SIGNATURE

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DEC 4 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Of 1				MARYLAND	STATE DEPARTM	ENT OF HEALT	H-BALTIMORE,	18	
tr	11			13471	CERTIFICA	TE OF DEATH	H	1347() Reg. Dist. No.	}
Page director		1	PLACE OF DEATH	nce George's	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institute b. COUNTY	ioni Residence before admiss Prince Geor	
death funeral			b. CITY OR TOWN (IF RURAL and give need Chever	outside corporate limits, write prest town)	c. LENGTH OF STAY IN 15	1	outside corporete limits, write l Park, Maryland		
by the	11		OR INSTITUTION	t (If not in hospital, give street or rince George's		d. STREET ADDRESS	akeland Road	e, 15 RES ON A YES	EARM?
24 hou			NAME OF DECEASED (Type or print)	First Joseph	Middle C	Johnson	4. DATE Mo OF DEATH	_	Yeor 19 57
d within bletely f		S.	EX M	6 COLOR OR RACE 7. MARRI Negro WIDOWEI		8. DATE OF BIRTH	9. AGE (In years lost birthday)		
executer of company of	[]	100	. USUAL OCCUPATION during most of working Truck I	N (Give kind of work done 10b.) ng life, even if retired) TIVET	CIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT	COUNTRY?
are be		13.	FATHER'S NAME	C. Johnson		14 MOTHER'S MAIDEN I	NAME		
John C. Johnson Sara E. Butler (Johnson) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address P. S. 18 - 12 / 5 / 18 - 12 / 5 / 18									
attendir n pleose	18. CAUSE OF DEATH [Enter only one course per line for (o), (b) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Mass we Interrepresentation of the course of th							TWEEN DEATH	
that the by the t. Then			Conditions, if on	DUE TO	landa tim		w. Seles to	SADO	
equires in signed if permit			gove rise to im couse (a), stating the lying couse last.	mediote (The court		Wes Zaces to		•
physicians been al-trans		CATION	PART IL OTHE	R SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	PERFO	AUTOPSY RMED?
AN: The		CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N	UNDERLYING 20b. DESC CAUSE OF DEATH AEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	Enter noture of injury in	Port I or Port II of item 18)		
PHYSICI of or officer of certification		MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. IN While of work	Nat while fac	ICE OF INJURY (Home, form tory, street, office bldg., etc) 20f. (City or town)	(County)	(State)
hospitch After the for the form	5			oftended the decease	- China	19. 57 , to		2, that I last saw the	
by the ECTOR:			SIGNATURE	Marie Walk		occorred at	M, from the causes of ADDRESS (Street, city or Jam.	slote) DA	TE SIGNED
etained etained DIR	į.		PHYSICIAN'S NAME (Type)	A control of the cont	,	N.D.	VV\		
HOSPII Toy be r FUNE age 3	in a	220		1226 DATE THEREOF	22c. NAME OF CEMETERY OF	crematory	22d LOCATION (City town,	or county) (Stote	2)
Q E Q 0.00 VS A[5 [4]		23	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS 1		D BY REGISTRAR 20 REGI	STRAR'S SIGNATURE	
15M 9755		\bowtie	- CM	A ROUND C	7.00	DI DI	e11 57 (30.	- work	



FOR STATE HEALTH DEPT.

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E TO TO	- 1	-	
** TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral direct standard of the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatinged for your forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatinged for your TO FUNE. DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the Symbol and its designated agent, prior to buriot, cremation, or removal, and in any even within 72 hours after dead.		3.	N AA DECI Typi
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death and 2 and 2 72 ha		10a	. US lurin Pa
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DEPUTY MEDICAL EXAMINER: This certificate should be exacuted within 24 hours after death. If any delt equit the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the further forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referented. DIRECTOR: Page 3 should be used as a buriablronsit permit. File agges 1 and 2 with the 5 is designated agent, prior to burial, cremation, or removal, and in any even within 72 hours after defined.		MEDICAL CERTIFICATION	PRI EA
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VS. A15ME 5M 2/57		11	er
\$1.00 miles		-	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13480 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	134	72	DIGHE EXAMINATION	J CERTITION	TE OF BEATH	Reg. Dist. No.				
	PLACE OF DEATH © COUNTY					ution Residence before admission)				
		ince George	S MARYLAND	o STATE Mary	land b. COUNT	Prince Georges				
	b. CITY OR TOWN (III and give negret) fown)	outs de corporate I mits, write	RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write	RURAL and give nearest lawn)				
١	Chever	_	D.O.A.	Fair	mount Heights					
	d NAME OF HOSPITA	LL OR INSTITUTION (H	f not in hospital, give street oddress)	4. STREET ADDRESS		e IS REJIDENCE ON A FARM?				
	Prince (leorges Gen	eral Hospital	5906 K.	Street	YES NO I				
	3. NAME OF DECEASED	Firs	f Middle	Lost	4 DATE Mont	-1				
	(Type or print)	Arthur	***************************************	Judd	DEATH Decemb	er 24, 19 57				
	5. SEX	6. COLOR OR RACE	7. MARRIED T NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years fort b-rihday)	Months Days Hours Min				
	Male	colored		June 13	1905 52 yrs.					
	10a. USUAL OCCUPATIO	N (Give kind of work d g life, even if retired)	ione 106 KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stol	le or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
	Presser		Tailoring	Penn	sylvania	U,S,A.				
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
		car Judd		Anne P	. Barbour	N 1999				
	15. WAS DECEASED EVI	R IN L S. ARMED FOR (If yes, give wor or dates of s	errea)	INFORMANT	Address					
	No		L	rene J. Judd	; same adress s	15 # 2.				
			se per I ne for (o), (b), ond (c).]			INTERVAL BETYVEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: Cerebral compression									
	330X DUE TO									
	Conditions, if ony, which Subarachnoid hemorrhage									
		gove rise to immediate cause (o), stating the underlying DUE TO								
	couse test. (c) Rupture of aneurism of posterior cerebral artery PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 119. WAS AUTOPSY									
	PART I, OTH	ER SIGNIFICANT CONE	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINALDISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
		SE WAS 200	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	ort t or Port It of Hem 18 }					
	20g. EXTERNAL CAL PRIMARY Dor CON CAUSE OF DEATH.	ALKIBUTING ET								
	3 20c. TIME OF INJUI	Y Month, Day, Yes		ACE OF INJURY (Home, for	rm. 120f. (City or town)	(County) (State)				
	Hour o.m.	19	While Not while to work to ol work to ol work to	clory, street, ornica blog , et	T I					
	21. I certify th	21. I certify that I took charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X, and in my								
	apinian death	resulted fram: N	Natura) causes 🕅 . Accident	Suicide .	Hamicide . Undete	ermined manner				
	0	1	Kalones,							
	ACTUAL SIGNATURE	DATE SIGNED								
	EXAMINER'S			ASSISTANT MEDI	CAL EXAMINER					
*	NAME (Type)	John T. Ma	loney, M.D.	DEPUTY MEDICAL	L EXAMINER DOC	ember 24, 1957				
	220 BURIAL CREMATIO REMOVAL (Specify)	12-28-5	7 Lincoln M	r crematory emorial	22d TOCATION (City, lown,	or county) (Stote)				
	23 FUNERAL DIRECTOR		ADDRESS AL RE	5/ W/ 240 REG	C'D BY REGISTRAR / 246 REGI					
	Henry S. Washington & Sons 467 NST. N.W. DEC 340 REC'D BY REGISTRARY 246 REGISTRA									





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13520MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) PLACE OF DEATH a COUNTY Pr. Geo. tor. Poge our files. of Health, Prince Georges o. STATE Maryland b COUNTY MARYLAND b. CITY OR TOWN (I butside corporate limits, write EUEAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) DO Fairmount Heights 4 Fairmount Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM 6111 Kolb Street 6111 Kolb Street YES NO DE NAME OF 4. DATE Middle DECEASED December Victoria Kearse DEATH (Type or print) Michele 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS tool birthdays Months Hours Min 11-12-57 Colored WIDOWED Female DIVORCED E 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U.S.A. Maryland None 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Reather Govan Walter Kearse 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, at anknown) (If yes, give wor or dates of service) Reather Kearse; same address; mother 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (o) Office DUE TO Aspiration of stomach contents Canditions, if any, which gave rise ta immediate couse pending" in p col Exominer' used os a but **DUE TO** (b), stoting the underlying couse fost. cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO F 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURPED (Enter nature of injury in Part 1 or Port 11 of stem 18) è Aspirated stomach contents 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Home at work a of work 21. I certify that I took charge of the remains described above, held an Autopsy 😓 Inspection 🚮 Inquiry opinion death resulted from Natural couses . Accident ... Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER Will William ASSISTANT MEDICAL EXAMINER EXAMINER John T. Maloney, M.D. **ブウー**ネーピク DEPUTY MEDICAL EXAMINER A NAME (Type) 220 BURIAL BREMATION. 22d LOCATION (City, lawp, or county) (Stote) REMOVAL (Specify) todlawa Comolery ADDRESS. AEC D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME 5A4 2, 57

BUTTOEN

VS A15 (4) 15M 9/55 13482

		1352	CERTIFI	CATE OF DEATH	1	Reg. Dist. No.		
1. P	LACE OF DEATH COUNTY PRINCE	georg	es MARYLAN	II o STATE	ere deceased lived. If institu b. COUNT	YPrince geonges		
Ь	. CITY OR TOWN (If outside RJIRAL and give nearest tow	corporate limits, write	c. LENGTH OF STAY IN	b c. CITY OR TOWN (If o		RURAL and give nearest town)		
	COLMAR MI	ANOR	20 year	5 X2 Colman	MANGE			
	NAME OF HOSPITAL (IF NOT OR INSTITUTION 4311 MONR C		ddress)	1311 MONR	oe ST.	e. IS RESIDENCE ON A FARM? YES NO 12-		
D	AME OF ECEASED (ype or print)	ANNAH	Middle	(ershaw	4. DATE OF DEATH Dec	7 Day Year 7		
5. SI		HITE WIDOWE	ED NEVER MARRIED DIVORCED	1 c. 501 16	9. AGE (In year lost birthdoy)	Months Days Hours Min		
10a.	USUAL OCCUPATION (Give during most of working life, movse wife e	even if retired) 📗 🦯	KIND OF BUSINESS OR IN	Shaw, LA	or foreign country) NCS., ENGLA	12. CITIZEN OF WHAT COUNTRY		
13. F	13. FATHER'S NAME ALBERT FARROW 14. MOTHER'S MAIDEN NAME ELIZA LEATHER BORROW							
15. \ (Yes.	VAS DECEASED EVER IN U. S no or unknown)	ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 1	7 INFORMANT F. Kei ALBERT F. Kei 4311 M.O.	NROE ST	OLMAN MANORM		
	PART I. DEATH WAS IMMEDIA	CAUSED BY: ATE CAUSE (o)	e for (a), (b), and (c).]		b0315	INTERVAL BETWEEN ONSET AND DEATH 4 8 LLAG		
	Conditions, if any, whice gave rise to immediate cause (a), stating the under lying cause last.	8 (0)15 50	TE NIOS CL	enotia Heai	IT DISEA	se Syean		
CATION	PART II. OTHER SIGN	FICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 2		
L CER	20g. ACCIDENT WAS UNDER OR CONTRIBUTING D CAUS (IF EITHER, NOTIFY MEDICAL	LYING DEATH EXAMINER) 206. DESC	RIBE HOW INJURY OCCU	RRED. (Enter nature of injury in P	ort I or Port II of ilem 18.)			
MEDICA	ROC. TIME OF INJURY Month Hour o. jr. p. m.	While	UURY OCCURRED 20e	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.	20f. (City or town)	(County) (State)		
	21. I certify that Late	ended the decease	~ ~ ~ ~	- A		7,that I last saw the deceased		
	actual Signature M.D. 3503 212 12 1 57 12/7/5							
	PHYSICIAN'S NON	MAN D.	ONAT GA	LEAL M	TRAINIEN	· m L		
220.	BURIAL, CREMATION, 226.		Port Line	Y OR CREMATORY oln Cemetery	20 LOCATION (City, Jown, Colman Man	or county) Or, Md., (Stote)		
-						7 7 7		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

T'A fil. +

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13523 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
crematio	Prince George's MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY Prince George's
berial,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton
ior to	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Piscataway Road o. IS RES DENCE ON A FARM? YEST NO
egist	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF DECEASED (Type or print) Whitney Paul King DEATH December 5 1957
重量	5. SEX Male 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (In years 15 UNDER 17EAR 15 UNDER 24 HRS. Months Days Months Month
and 2 %	Tign USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Tignort of exting life, even if retired) Farm Maryland 12 CITIZEN OF WHAT COUNTRY Waryland U. S. A.
oges 1	James King 14. MOTHER'S MAIDEN NAME Rose Lee Edelen
اق م م	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. You no or uninformin (if yes, give wor or defes of service) 17. INFORMANT Address 18. SOCIAL SECURITY NO. 17. INFORMANT Address 19. Clinton, Md.
olong with form the	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond/(c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stotleg the underlying Couse tost. (c)
to person	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO } \subseteq \t
e d De	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
9 PD	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While of work of work of work (State)
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
moval.	SIGNATURE ALL CHIEF MEDICAL EXAMINER D EXAMINER'S NAME (Type) A M.P.S. T. BOY C. DEPUTY MEDICAL EXAMINER D LOC S. 1957
6 p	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOGATION [City, town, or county] (Stote) DUNIAL DIRECTOR'S SIGNATURE ADDRESS 22d. LOGATION [City, town, or county] (Stote) Paldor Address ADDRESS 22d. REC'D BY REGISTRAR 244 REGISTRAR'S SIGNATURE
ME(5) /55	Huntel Funeral Home, Waldorf, MA, DATE 12/9/57 Julia Harry

MINITION N' E.

M. Altre

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13439 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If institution, Residence before admission) · COUNTY Prince George's o STATE Maryland & COUNTY Prince George's files. Health, MARYLAND b. CITY OR TOWN It putside corporate him is write BURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rainier Md. Mt Rainier Md. 6 days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS KES DINCE ON A FARM? 2403 Arundel Rd 2403 Arundel Rd YES NO 3. NAME OF 4. DATE Middle Month Yeor DECEASED Theresa Joan Kott DEATH Dec. (Type or print) 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE | n years IF UNDER TYPAR IF UNDER 24 HRS lost birthday) white female Dec 12, 1957 Months Min. Hours WIDOWED | DIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life none Harvland 12. CITIZEN OF WHAT COUNTRY? S Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Josephine Perello John Harvey Kott 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Iff yes, more war as dates of services Mt Rainier, Maryland. none John Harvey Kott 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEAT I PART I. DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (6) 165.0 DUE TO Bronchopneumonia Conditions, if ony, which gove rise to immediate cause DUE TO (a), stoting the underlying couse lost PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLTS, WAS AUTOPSY PERFORMED? NO 🗌 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJUR: OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or fown) Manth, Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour a m White Not while of work of work D. ID. 23. I certify that I took charge of the remains described above, held an Autopsy 📆 . Inspection 📆 . Inquiry 📆 and in my opinion death resulted from: Natural couses 7. Accident 7. Suicide 7. Hamicide 7. Undetermined manner 7 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 20 SIGNATURE ASSISTANT MEDICAL EXAMINER T **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER December 19. John T. Maloney, M.D. shor shor 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City town, or county) 220. BURIAL, CREMATION | 22b. DATE THEREOF REMOVAL (Specify) × 4 0 Marys Cemetery Washington, D.C. Buris! 246 REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR VS. A15ME S.H. Hines 5M 2 57

S.H. Hines Co. Washington 9.D.C. Hare

BUREAU V. 2.

DEC 83 1824

ADDRESS

Co. 517--11th

Fort Lincoln Cemetery

24a, REC'D BY REGISTRAR

DATE DEC 1

Wash DC

IS RESIDENCE

ON A FARM?

YES NO K

Year

PERFORMED? YES NO T

(State)

Bladensburg, Maryland.

24b. REGISTRAR'S SIGNATURE

(State)

19 57

TO HOSPITAL OR FUNE FUNE Ö

23. FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. E.

DEC 13 1367

VS A15 (4) 15M 9/SS I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12524

CERTIFICATE OF DEATH

Reg. Dist. No.

13487

										wedt of	DIL 110.	
	1. PLACE OF DEATH o. COUNTY Prince Georges			MAR	rland	2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. STATE Mayrland b. COUNTY Prince Georges					fmission)	
		b. CITY OR TOWN (If avtade corporate limits, write			c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					
		RURAL and give nearest town) Cheverly		28 days			leasen					
1			AL (If not in haspital, g	ive street							e. IS	RESIDENCE ON A FARM?
		Prin	ce Georges	Ger	meral Hospital		504	69th	St.			S NO
	11. 1	NAME OF DECEASED	Fic	s†	Middle		Last	4. DAT		Month	Doy	Year
		(Type or print)	John				Kraft	DEA	rh	Dec.	23	19 57.
	5. 5	SEX	6. COLOR OR RACE	7. MARI	RIED 🔯 NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In	years IF UNDER		INDER 24 HRS.
		Male	White	WIDOW	ED DIVORCE	D 🔲	4/7/1898	3	lost birth	yrs. Mighting	Days Ho	ours Min.
1	1 7	USUAL OCCUPATION during most of work	ing life, even if retired	-	KIND OF BUSINESS C	OR INDU	STRY 11 BIRTHPLACE (S	state or foreig	country)	12. CIT	IZEN OF W	HAT COUNTRY?
- Specialis		Jahre (2. Kraj	+			14. MOTHER'S MAID	EN NAME Pine	پر ۔۔۔	ika	file	N
i		WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17, 1	NFORMANT Pult a.	Kradi	+- 67	Address Pla	trac	cel tre
j	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under lying couse lost. PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES OR CONTRIBUTING COUSE OF DEATH OR CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO [IN CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURSED. (Enter nature of injury in Part 1 or Part 11 of item 18)						AS AUTOPSY REORMED?					
	MEDICAL	20c TIME OF INJUR Haur a.m. p. m.	19	While at war	k at work	20e PL	ACE OF INJURY (Home, chary, street, office bldg	, elc.)		·	County)	(State)
Î	220		ot I attended the	19	of Prince		0	A M, fr	am the cau (Street, city or		he date s	DATE SIGNED
	23)	FUNERAL DIRECTOR	s signature	tone	ADDRESS 2 36h 1/4	ed Si	Ly E. DATE	REC'D BY REG	ISTRAR 146	REGISTRAR'S SIG	SNATURE	Va.
	1/							TFC 2 7	# \J	2001	<u></u>	



within 24 hours ofter death. Page

executed

Z V DAMAN

director

funeral

filed

an-papers death.

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physicion

attending

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DIRECTOR:

HOSPITAL

O E O

death. Page

executed within 24 hours after

death certificate

requires that the

3 % (7.2".1"

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13491
3.5	13527 Item CERTIFICATE OF DEATH Reg. Dist. No.
filled will	1. PLACE OF DEATH) o. COUNTY Trive & George's MARYLAND 2. USUAL RESIDENCE (Where deceased lived it institution: Residence before odmission) from o. STATE: 3301-LUCKTEROPER TIME O. STATE: 3301-LUC
88	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give give restriction (in the control of the cont
by the fund 2 shauld	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3321 Wintergreen Avenue or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress) or NAME OF HOSPITAL (If not in hospital, give street oddress)
illed in	3. NAME OF DECEASED (Type or print) EThe Middle Lost Lost Dec 2 19 0 7
pletely filly rs. Poges	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH FEMALE WIDOWED DIVORCED MAY 19, 1898 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Just birthday Months Days Hours Min.
and complets bon popers.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11/BIRTHPLACE (Stole or foreign country) LANES, England 12. CITIZEN OF WHAT COUNTRY? LANES, England
e cia	HERBERT Smith Alice HINDLE
72 72	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, pro- wor or dories of sorrice) MENC HUSBAND - Christopher Lee 5
the attendi	18. CAUSE OF DEATH [Enter only one cause per line for (o). (b). and (c).] PART 1. DEATH WAS CAUSED BY: [MAMEDIATE CAUSE (o) CARCINCUA OF ESOPHA-GUA DUE TO DUE TO
signed by t permit. d in any e	Conditions, if any, which gove rise to immediate coese (a), stating the <u>under-lying cause last.</u> Lying cause last.
physicial as been as been all transit and all	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
ficale by	206 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
al or off this cert was as emotion	20c. TIME OF INJURY Month, Day, Year Not while Not work of twork of twork of twork of twork of two two times of the times of two times
to Paspite to Affect of Af	21. I certify that I ottended the deceosed from Gerch ER25 1957, to DECEMBER2, 1957, that I last saw the deceosed alive on DECEMBER 2, 1957, and that death occurred of 3 PM, from the causes and on the date stated above.
RECTON THE GOAL THE COLOR	ACTUAL SIGNATURE X M.D. 7200 MARIBORO PIRE SE. 12/2/57
ore retorne	PHYSICIAN'S BRUNO KOLEGA 'UAShington &s 10 8.
page 3	220. BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMBERRY OF CEMBERRY OF CEMBERRY OF CEMBERRY OF CEMBERRY OF COURT STATE OF CEMBERRY O
VS A1S (4) 15M 97SS	23. FUNERAL DIRECTOR'S SIGNATURE W.W. Chambers Co Vashmeten Re DATE FOO Carrie Campbelly

257 e

13474 CERTIFICATE OF DEATH

13492 Reg. Dist. No.

′ k	* * * * * * * * * * * * * * * * * * * *	Neg. 5101, 1101
Ī	PLACE OF DEATH a. COUNTY A. C. F. C. F. C. F. MARYLAND	2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE: b. COUNTY / }
ŀ	b. CITY OF TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b	MARYLAND HOWARD
	RURAL and give neorest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ŀ	d NAME OF HOSPITAL (If not in haspital, give street oddress)	d. STREET ADDRESS IS RESIDENCE
-	OR INSTITUTION OF A 1 - OF TALL	ON A FARM?
ŀ	WANTE GIENVENER IT STATE	
-1	N. NAME OF Pirst DECEASED (Type or print) SESSE	LEWIS DEATH DEP. 18 1957
ŀ		8. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS
1	MAHE WIDOWED DIVORCED	NOC. 5 1886 last birthdoy) Months Doys Hours Min.
	00 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDU	STRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
\mathcal{A}	Keliked farmer and San	
	3 FATHER'S NAME	GEORGIANNA CROSS
ŀ	5 WAS DECEASED EVER IN U'S ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address C
	(Yes, no, or unknown) (If yes, give wer or dates of service)	lyde Lewis Pultan Mil
ľ	18. CAUSE OF DEATH [Enter only one couse per lige to (o), (b), and (c).]	INTERVAL BETWEEN ONSEL AND DEATH
1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Anwayout -
-1	DUE TO	10.7.11.06 01.
	Conditions, if ony, which) (b) Williams	selevoll Heart Dis 3 yr
-	gove rise to immediate couse (a), stating the under-	200 9/04/2011/2019
	lying couse lost (c)	me femoralize of win
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (0) 19 WAS AUTOPSY PERFORMED?
		LELLE YES NO NO
	OR CONTRIBUTING DI CAUSE OF DEATH	(Enter noture of injury in Port I or Port II of item 18.)
-		ACE OF INJURY (Home, farm, 20f. (City or Iown) (County) (Stole) ctary, street, affice bldg , etc.)
-1	Hour o. m 19 While Nat while of work of work	
	21. I certify that Vattended the deceased from 5//	0, 1957 to 12/18, 195, Mat I last saw the deceased
-	alive an 19 , and that death	accurred a M, fram the causes and an the date stated above.
	ACTUAL CONTRACTOR ACTUAL	ADDRESS (Street, city or lawy stole) DATE SIGNED
-1	SIGNATURE	40 + 10 m / / / / / / /
	PHYSICIAN'S John M. Warren	Laurel, Maryland
ŀ	220 BURIAL CREMATION, 226, DATE THEREOF 22C. NAME OF CEMELERY C	
	Burial Apr. 20 1959 St Paul	lo Cem Rulten Mudand
	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 MEC'D BY REGISTRAR (1246 REGISTRAR'S SIGNATURE
	NeWell Nava Jean Laure	Mal DATE

may be retained by the hospital or attending physician.

TO FUN. ** DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page body be detached for use as the burial-transit permit. Then please remove carbon papers. Pages detached for use as the burial-transit permit. Then please remove carbon papers. Pages delached for use as the burial-transit permit. Then please remove carbon papers. Pages delached in a second page. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4

enityn A. z.

DEC ~ 1957

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
r.s.æ	13528 CERTIFICATE OF DEATH Reg. Dist. No.
7 7	1. PLACE OF DEATH a. COUNTY PRILY F C FOR CFS MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE MARYLAND 3. STATE MARYLAND 4. STATE MARYLAND 5. COUNTY PRILY PR
be filed	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give negres) lown)
D ~	RURAL - CLINTON 42 mos RURAL - CLINTON
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? ON A FARM?
	3. NAME OF First Middle Littlefields: 4. DATE Month Day Year
-	(Type or print) TERRY LEE (FARRIS) DEATH DEC. 22 1957
	5. SEX MARRIED NEVER MARRIED DO. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS
Ė /	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRNAPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	NONE VONE WASH. D.C. VSA
	ROY LITTLEFIELD RENA LITTLEFIELD
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) NONE (If yes, give wor or dates of service) NONE CHARLES FARRIS RT 1 BOYGII CLINTON
	18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c), 1
M III	PART I. DEATH WAS CAUSED BY: PNEUMONIA TYPE UNDETERMINED 24 HRS.
ıy eve	Conditions, if any, which)
5	gave rise to immediate cause (a), stating the <u>under.</u> DUE TO
	Iying couse lost. (e)
ĵ	NONE PERFORMED? YES □ NO □
	200. ACCIDENT WAS UNDERLYING [] 200. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18) OR CONTRIBUTION OF STREET OF ST
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
	NONE 19 OF WINDOWN A NONE
	21. I certify that I attended the deceased from AUG, 26, 19.57, to DEC: 22, 19.57, that I last saw the deceased alive on DEC. 21, 12.57, and that death occurred at 2.4 M, from the causes and on the date stated above.
	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE CYCLUM Scrawer J. M.D. Chinton Med. Dec. 22 1957
	PHYSICIAN'S HRTHUR SHAVER JR. CLINTON MD.
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City fown, or county), (State)
фи	23. FUNERAL DIRECTOR'S SIGNATURE 60. Nashington, W. C. 240. REC'D BY REGISTRAR'S SIGNATURE
)	DATE Chrulamphely
	DFC 30 1951

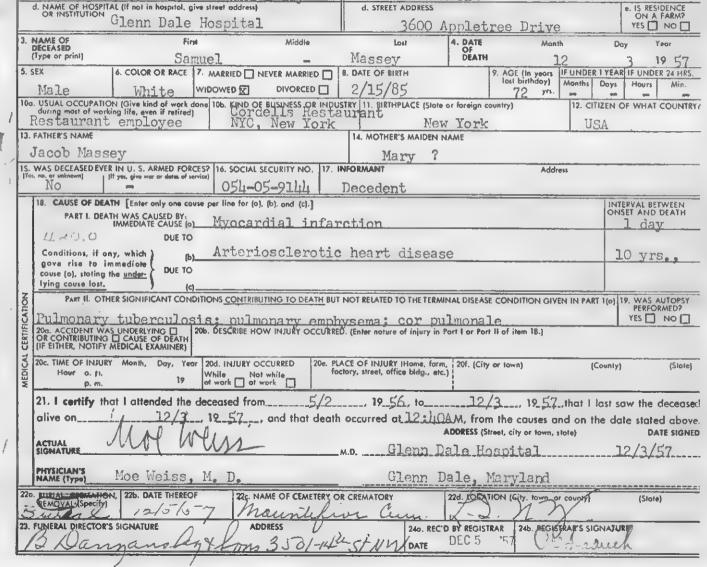
BUREAU V. E.



1. PLACE OF DEATH 0. COUNTY

b. CITY OR TOWN (IF RURAL and give nea Glenn Dale

MARYLAND STATE DEPART	MENT OF HEALT	H-BALTIN	ORE, 18	
13529 CERTIFIC	CATE OF DEAT	н	Reg. Di	13494 st. No.
Prince Georges MARYLAN	2. USUAL RESIDENCE (W o. STATE Virgi		J. If institution: Residen b. COUNTY	ce before admission)
postide corporate limits, write c. LENGTH OF STAY IN 11 lest town 7 mos	c. CITY OR TOWN (IF	outside corporate (imits, write RURAL and	give recrest town)
t (If not in hospitol, give street address)	d. STREET ADDRESS		No di	e. IS RESIDENCE ON A FARM?
First Middle	3600 Lost	Appletres 4. DATE	Month Month	Day Year
Samuel - 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	Massey 8. DATE OF BIRTH 2/15/85	9. At	Il birthdoy) Months	3 19 57 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
White WIDOWED DIVORCED USING CERT OF THE PROPERTY OF THE PROPE	DUSTRY 11. BIRTHPLACE (Slote	e or foreign country W. York	72 yn. → 12. Cli	SA
у	14. MOTHER'S MAIDEN Mary ?	NAME		
	. INFORMANT Decedent		Address	
N [Enter only one couse per line for (0), (b), and (c).] H WAS CAUSED BY: MMEDIATE CAUSE (0) Myacardial infa	retion			INTERVAL BETWEEN ONSET AND DEATH
which by Arterioscleroti	c heart disea	se		10 yrs.
mediote DUE TO				



VS A15 (4) 15M 9/55



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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
13530	CERTIFICATE OF DEATH	

TIFICATE OF DEATH Reg. Dist. No.

13495

	1. PLACE OF DEATH				2	. USUAL RESIDENCE (Wh	неге фесёстве	d lived If institut	ion: Resider	ce befo	re odmissic	on)
	a. county Princ	e Georges		MARY	LAND	D. STATE	C.	b. COUNTY	,		-	
7	b. CITY OR TOWN (If outside corporate limits, write RURAL and g RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and g										rest town)	
I		LL (If not in hospital, s] & days		d STREET ADDRESS	hingt	on	4 /		10 850	DE: 105
ł	OK INSTITUTION						04.1			,,	. IS RES I	FARM?
		<u>n Dale Hos</u>	pi tal			1511	_25th	St., S.	E 7	<u>#3 </u>	YES 🔲	NO 🔀
ı	3. NAME OF DECEASED	Fig	rst	Middle		Lost	4. DATE OF	Мог	ath	Do	y Yo	ear
	(Type or print)		en	С.		McDermott	DEATH		12		19 1	
ı	5. SEX	6. COLOR OR RACE	7. MARI	RIED T NEVER MARRIE	ED 🔲 B.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER		IF UNDER	
ı	Male	White	WIDOW	_	- 1	1/9/1904		53 yrs.		Days	Hours	Min.
	100 USUAL OCCUPATIO	N (Give kind of working life, even if retired				Y 11. BIRTHPLACE (State	ar foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY?
١	Exterminat		Ma	cDonald &	Horn	Maryland	3		U,	SA		
ı	13. FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME					
	James McDe	rmott				Suzanna	Shooh	22				
ı	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17 INF		Diffeli		dress			110
ı	NO NO	If yes, give wor or dates of s	(errice)	78-03-3261	H	lizabeth McD	ammat	+ With	7 677	254	h C+	#3
J		M. Fester poly and de		ne for (a), (b), and (c).		THE DOUBLE TO	CIMOU	O MITE	7277			
1		H WAS CAUSED BY:	-	_	•					ONS	ERVAL BET	DEATH
J		IMMEDIATE CAUSE (a		r pulmonal	<u>e</u>						<u>6 da</u>	ys
1		DUE TO		_								
1	Conditions, if an		- Fu	<u>llmonary em</u>	physe	na				_	2 yr	TS.
1	couse (a), stoling t											
ı	lying cause last.) (c		Lmonary tul							<u>3 yr</u>	·S.,
ı	PART II. OTH Presimos 20a. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY I	ER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TERMI	NAL PISEAS	E CONDITION GI	VEN INPAR	I,1(o) 1	9 WAS AL	
-	3 Preumon	aitie midi	ht. Iu	ng, etiolo	ev un	determined .	<	DONTHA		7	YES X	NO 🗌
1	200, ACCIDENT WAS	LINDERLYING TO	206. DES	CRIBE HOW INJURY O	CCURRED.	Enter nature of injury in P	ort I or Par	I II of item 18.)				
1		CAUSE OF DEATH MEDICAL EXAMINER)										
1	3 20c. TIME OF INJURY	Month, Day, Ye	ar 20d. II	NIURY OCCURRED	20e. PLACI	OF INJURY (Home, form,	20f. (City	or lawn]	(1	County)		(State)
ı	20c. TIME OF INJURY Hour a. jr. p. m.	19	While of wor	Nat while k at work	roctor	y, street, office bldg., etc.	1					
1		at Lattended the	decen	ed fram. 12	/> ~	, 19 <u>57</u> , ta	72/70	10 55	7 15 1 1			
1		72/70/	ueceus									
I	alive on		, 12_	74-,-, and that	death o	ccurred at 6:30.	EM, fran	n the Causes (treet, city or town,	and an H	he da		
ı	ACTUAL	NUM III	VI1	1 -				•			DA	TE SIGNED
ı	ACTUAL SIGNATURE	· · · · · · · · · · · · · · · · · · · ·	WV		M.1	. <u>Glenn</u>	_Pale	Hospital		_12,	/19/5	7
ı	PHYSICIAN'S NAME (Type)	Moe Weiss	M. :	D.		Glenn	Dale	. Md.				
F	220. BURIAL, CREMATION	22b. DATE THEREC	OF	22c. NAME OF CEME	ETERY OR C	REMATORY	224/10CA	JON (City, town,	or county)		(Stote)	
	ACTICATION Specify	12-25-	5/	Fit the	reaf.	c-	Pot	mar	ma	w	m	not a
1	23. PUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	0	24o. REC'I	BY REGIST	RAR 246. REGI	STRAR'S SIG	GNATUI	RE	· :
	1/11=	Kel A	DN.	, W/de	chi la	DATEDES		_ () . /	-2 124	h		

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		134	Item 75	CERTIFIC	CAT	E OF I	DEATH			Reg. Dist.	上U生i , No.)()
1.	PLACE OF DEATH a. COUNTY	Prince George	s	MARYLAN	- 11	USUAL RESI		re decesse land	d lived. If institution b. COUNTY		e before odmi	
	b CITY OR TOWN (RURAL and give n	outside carporate limits, vecrest town) Cheverly		days	b		own (If a		orate limits, write RUS 2hts			
	OR INSTITUTION	TAL (If not in haspital, give e George Gene	street address)			d STREET	DDRESS		lace		ON.	SIDENCE A FARM? NO [J]
3	NAME OF DECEASED (Type or print)	George		Middle Midd	llet	lo: On		4. DATE OF DEATH	Month Dec		Day 18	Yeor 19 57
5.	sex Male	6 COLOR OR RACE 7.	MARRIED NE	VER MARRIED		ATE OF BIRT	pr. 18	80			YEAR IF UNE	
} Oc	during mon' of wor	ON (Give kind af work dans king life, even if retired)	10b. KIND OF	JUNESS OR IN	DUSTRY			ir fareign c	auntry)	12. CITIZ	IN OF WHA	COUNTRY
13.	FATHER'S NAME	known			1	4 MOTHER'S	maiden ni		n			
15,	WAS DECEASED EVE	R IN U. S. ARMED FORCES (If yes, give wor or dotes of service	7 16 SOCIAL SE	CURITY NO 17	INFO				Addres	\$		
		ATH [Enter only one cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), Wen								INTERVAL E	
	Conditions, if o	mmediate (Conge	estive 1+	lean.	+ gai	lure					
z	Lying cause last.	the <u>under:</u> (c)								. 10.1 10.0 17.1	10 10	Altroppy
CERTIFICATION			·							EIN PARE	PERF	ORMED?
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	DESCRIBE HOV	V INJURY OCCUI	RRED (E	nter nature a	finjury in Po	art I ar Por	III of item 18)			
MEDICAL	20c. TIME OF INJUR Hour o. m p. m.		20d, INJURY OCI While Not it work at we	white	PLACE	OF INJURY (, street, office	Home, form, bldg., etc.]	20f. (City	or fown)	{Cai	unty)	(Stote)
	21. I certify thative on	nat I attended the de			oth oc				19 <i>57</i> , n the causes and			
	ACTUAL SIGNATURE	Janny K	. Wa	Plan	<u></u> M.D	3002	Arun		oad.	ote)	0	PATE SIGNED
		Henry R. Welf	e, M. D.	1	_	Mt.	Raini	er, M	d.			
270	BURIAL CREMATIC	12-21-57	Mr. NAI	Olivet.	OR CI	EMATORY			Himoton		O (Sto	

240 REC'D BY REGISTRAR

716 REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS HER N.W.

VS A1S (4) 15M 9/55

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
D	13533 CERTIFICATE OF DEATH 13491 1371 13491 13491
1 N3	1 PLACE OF DEATH O. COUNTY O. STATE O.
121	b. CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alend Classon C. LENGTH OF STAY IN 1b
2 - 2 ³⁰)	d NAME OF HOSPITAL (If not in hospital, give street address) or institution 601-63 -41, e is residence on a farm? YES \(\) NO \(\)
	3 NAME OF DECEASED (Type or print) SAIN PINDELL Middle Lost 4. DATE Month Day Year OF DEATH 12 - 30 - 195
	5. SEX 6. COLOR OB RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH Termed Wilhite WIDOWED DIVORCED 1-24-86 9 AGE (In yeors IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
7	100 USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 110b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country). 111. BIRTHPLACE (Stole or foreign country). 112. CITIZEN OF WHAT COUNTRY 113. BIRTHPLACE (Stole or foreign country). 114. CITIZEN OF WHAT COUNTRY 115. CITIZEN OF WHAT COUNTRY 116. CITIZEN OF WHAT COUNTRY 117. BIRTHPLACE (Stole or foreign country).
	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. Dove
()	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (16 year give wer or dores of service) 579-24-3816 A Sadie Hodding (601-63 1) At Phosese
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INTERVAL SETWEEN ONSET AND DEATH
ony even	Conditions, if any, which) (b) DUE TO My vecased of Infarction 3 days
5 E	gove rise to immediate cause (a), stating the under DUE TO Hyper Flusion - Carolio - Lisa lan Disease 4 year lying couse last.
D IDAD	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
5	20s. ACCIDENT WAS UNDERLYING (1) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING (1) CAUSE OF DEATH OR EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a. ji. p. m. 19 of work of wor
ָם (בְּבַּילֵיתְ	21. I certify that I attended the deceased from 12/1, 1954, ta/2/30, 19√7, that I lost saw the decease alive an 12/23, 19√7, and that death accurred at 7:30 P.M. from the causes and on the date stated above
,	ACTUAL Max M- Herzier M.D. 7016 - Trep Jt., Ject Meanand Wes
i. '	PHYSICIAN'S NAME (Type)
04	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or gounty) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE M- In Chambers to 517-11 the party of 1908 and 1808

S 'A OFFICE

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VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
	. (CENTIFICATE	OF	DEATH		

1	3	5	()	
-6.	0	V	4,	-

	1347	6 CERTIFICA	AIL OF BLAIR		Reg. Dist. No.	
o. COUNTY Prin	ce Georges	MARYLAND	2. USUAL RESIDENCE (When		Atlanta	
Chever	f outside corporate limits, write carest lown)	c. LENGTH OF STAY IN 16	[]	side corporote timits, write Ru •Absecon	IRAL and give nearest town)	st.
d. NAME OF HOSPIT OR INSTITUTION TINCE	AL (If not in hospitol, give street orges General	oddress) l Hospital	d. STREET ADDRESS R.D. #	2	e IS RESIDEI ON A FAI YES IN	
NAME OF DECEASED (Type or print)	First CHARIES	LEO	MILLER	DEATH December	er 13th, 15	7
Male	White Widowi	DIVORCED	2.10.	381 out birthday)	Months Days Hours	HRS Min
tired Te	ON (Give kind of work done 10b. ting life, even if retired) EXTILE WORKER	Textile Mil		foreign country)	USA	UNTRY
Leo M11	ler		Unknown	ME		
WAS DECEASED EVE		50CIAL SECURITY NO. 17. F	Mrs.Philomen	a M. Mullige		e S
Conditions, if o gove rise to it couse (o), stoling lying couse lost. PART 11. OTH	m mediate (inoma, right ly		PERFORME	OPSY D?
	MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Por	t 1 or Port 11 of stem 18)	,	
20c TIME OF INJUR Hour o.m. p. m.	Y Month, Day, Year 20d. It 19 — While at worl	Not while for	ACE OF INJURY (Home, farm, ctory, street, office bldg , etc.)	20f. (City or town)	(County) (State)
ACTUAL SIGNATURE	Dac. 13. 195	ed from Nov. I	accurred a 6:45P.	M, from the couses of pages (Street, city or town, son Road,	nd on the date stated (obave signed
REMOYAL (Specify) Burial	N, 22b. DATE THEREOF 12/15/1957	Calvary Cer		oxborough,	Phila Penna	•
. W . Chambe	s signature ers Company,	Riverdale,	Md . 240. REC'D	4 1	TRAR'S SIGNATURE	

8 A M.T.

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THIS CERTIFICATE, PLEASE LET ME

A CERT

ANY ONE REQUESTS

NG PHYSICIAN OR HOSPITAL copy may be retained by the hospital

TO ATT

2/11/58

A

CERTIFICATE OF DEATH 13477

Reg. Dist. No.13807).....

SEE.	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
S	COUNTY Prince George's MARYLAND	STATE Maryland COUNTY Prince George's					
里	City (If outside corporate limits, write RURAL LENGTH OF STAY	CiTY (If outside corporate limits, write RURAL end give negrest town)					
E	OR and give nearest town) TOWN Cheverly	OR TOWN Bladensburg					
	HOSPITAL OR INSTITUTION OR	STREET (il rural give location)					
G /	STREET ADDRESS Prince George's General	ADDRESS 6307 Osborne Road					
AS	3. NAME OF (First) (Middle) DECEASED	(Lasi) 4. DATE (Month) (Day) (Yest)					
PLEASE	(Type or Print) Sherman	Moore Death December 7 10 57					
a. I	6. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O						
ம் —		? 63 yrs. Months Days Hours Min.					
AT	10a. USUAL OCCUPATION (Give kind of work done during most of working fife, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT					
[FIC permit.	netired)	U.S.A.					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
CHESTIFICATE transit permit. (*					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or upk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS					
₽ [5	(105, 107, 01 alm.) (n 105, give wat of dates of service)						
THI TO	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH					
150	MMEDIATE CAUSE (A) 71481410	Luxak					
nse u	ANTECEDENT CAUSE(S) DUE TO	Di Tieta					
) for	DISEASES OR CONDITIONS, IF ANY, (B)	en remonuto 9 days					
d ding	STATING UNDERLYING CAUSE LAST, DUE TO	The thirds of lake					
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	of ordination to day					
requires the atter	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,						
ž t e	190. DATE OF OPERATION 1964 MAJOR FINDINGS OF OPERATION	2D AUTOPSY?					
- N	21a. ACCIDENT WAS UNDERLYING 21b PLACE (Home, ferm, factory, 2	rules YES NO IR					
The far	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.]	Ic. WHERE DID INJURY OCCUR? (City or lown) (County) (State)					
	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21s. INJURY OCCURRED	211. HOW DID INJURY OCCUR?					
RECTOR: sen exect assembly	M. While Not while						
	22. I hereby certify that I attended the deceased from De.C. I.	1, 1957, to DOC , 7 195 7 that I lest saw the decored					
1 to 1	alive on 1957, and that death occurred at	7.304M, from the causes and on the date stated above.					
ERAL D sate has certificate	SIGNATURE	ADDRESS (Street, city, town, stele) DATE SIGNED					
	23. BURIAL, CREMATION, WILLSAME OF CEMETERY OR	CREMATORY St., N. W. Washington 6, D. C. (State)					
Certific death MISC 1-5	I REMOVAL (SPECIFT) I						
cerfi deal vs A15C	Burial 12/13/57 Varlington Na						
> >	24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
/58 MT	DATE FEB 21 158 Ch	W. H. Bacon, 1722 7th St., NW, Washington DC					

Married

FIBIVO A' 8"

1				MARY	LAND	STATE DEF	ARTM	ENT OF HEALT	H-BALTIM	ORE, 18		
				•	1.	tens 1/ FCER	TIFIC	ATE OF DEAT	Н	1	13	35112/34
e 4	1	 	PLACE OF DEATH		35	35					j. Dist. No	
g = 3 - 4	/	1. 3	Prince	George's		M	ARYLAND	2. USUAL RESIDENCE (W	nd b			ore admission) O S . CO .
The set		t	RURAL and give	(If autside carporate lim	its, write	c. LENGTH OF ST	AY IN 16	c. CITY OR TOWN (IF	outside carporate lim	its, write RURAL	and give no	carest town}
er d		<u> </u>		orest Heigh		L		1 C C	TEILOS			
by the	a heart		OR INSTITUTION	At home	ive Street	oddress)		d. STREET ADDRESS	is Way			ON A FARM? YES NO TO
ğ .5		3. 1	NAME OF DECEASED	Fi	rst	Mid	dle	Lost	4. DATE	Month	D	ay Year
illec			Type or print)	CARRIE		M_{\bullet}		MOYER	DEATH De	. 25th.		19 57
Pog /	1	5. S	EX	6. COLOR OR RACE	7. MARE	HED NEVER MA		8. DATE OF BIRTH		1 14 2 4		R IF UNDER 24 HPS.
15 let			Female	White	WIDOWI	- And		June 20- 1880	, 8	hirthday) Man	ths Days	Hours Min.
cute conte		10a	. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINES	OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12	CITIZEN	OF WHAT COUNTRY
ad a dec								k .	Unknow	n	USA	
orby free		13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
sicio		_	William	Robinson				Barbara Bl	ack			
phy phy hou		15. (Yes	WAS DECEASED E	VER IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY		NFORMANT		Address		
in≡ Se ro	\$		~~					hester R. Moy	er Sam	e As 2	D.	
the deat is often is often			PART I. DI	EATH [Enter only one co EATH WAS CAUSED BY. IMMEDIATE CAUSE (c		fe for Jol, (b), and	fun	e food	irl		INT	FERVAL BETWEEN
hat your the		П	HANN	DUE TO	1.1	200		· Pa.s.	le A P	-0.	\	1200
es il			Conditions, if gove rise to	immediate	-	7/000	Mary	r Gare	y Vicela	Man	4 /	· Lycon
in a dir.			couse (o), statin	g the <u>under.</u> DUE TO	1	16						V
cian cian en s ansit		z	lying couse las			CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	UNIAL DISCASS SONIE			10 14115 1 10005
hysi s be littre vol.	Z).	1 1 1 1 1 1	1 2 2 2 2		01110143	CINING IN	DEATH BUT	NOT RECATED TO THE TERM	IINAL DISEASE COND	ITION GIVEN IN	PARE I(0)	19. WAS AUTOPSY PERFORMED?
The The		IFIC,	20g. ACCIDENT V	VAS HINDERLYING IT	20b. DESI	CRIRE HOW INTER	OCCUPRE	D. (Enter nature of injury in	Part Las Part II of St	10 1		YES NO Z
TAN: Tendin Ificald The b		L CERTIFICATION		VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	200. 029		OCCORRE	o. (cales holore or injury in	PORT COL PURE III OF III	om tp.,		
fYSIG or of cert se os se os		MEDICAL	20c. TIME OF INJL Hour o. fi		While	NJURY OCCURRED Not white	20e. PL	ACE OF INJURY (Home, forritary, street, office bldg., etc.	n, 20f. (City or town)	(County)	(Stole)
or o		¥.	p. m		at wor	k 🔲 Ol work 🔲						
or feet for the color of the co		Ш	21. I certify	that I attended the	decease			上, 19万4, 10人	PC-24 -	, <u>19</u> في ,tho	t I last s	aw the decease
Per			alive on	1 control	12	, and th	at death	occurred at 8:43	AM, from the	couses and c	n the do	ite stated above
by del			ACTUAL C	VAKO DO	~ . 1			700007	ADDRESS Street cit	or town, state)	C	DATE SIGNE
A PER			SIGNATURE	To Cody))	man		M.D. 27 14 L	MCMY	DY2		12/24
retoir			PHYSICIAN'S NAME (Type)	9. 8KE11	105	FROL	14 A	K My D				/ '
PS PS		220.	BURIAL, CREMATI	of the state of th)F	22c. NAME OF C	EMETERY O	R CREMATORY	22d. LOCATION (C	ty, town, or cou	nty)	(Stole)
Pog Pog			REMOVAL (Specif		57	Rivervi	ew Ce	metery	Huntingd	on, Pa.		
		23./	FUNERAL DIRECTO	R'S SIGNATURE		1601 Goo	d Hon	e Rd PAGE REC	D BY REGISTRAR	246. REGISTRAR	S SIGNATU	RE A A
VS A15 (4) 15M 9/55		2	april 1	no Del	lung	Washin	d Hop on, 2	O, DO LITAE,	271957	Canri	las	nblekly

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
-	13436 CERTIFICATE OF DEATH 1351344 Reg. Dist. No.
1	1. PLACE OF DEATH o. COUNTY Prince Peo uges MARYLAND 2. USUAL RESPOENCE (Where deceased lived If institution, Residence before admission) o. STATE MAYLAND D. COUNTY Prince Peo uges MARYLAND
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 RURAL ond give negrest town) RURAL ond give negrest town) N. 8. 3. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
đ.	d NAME OF HOSPITAL (If not in hospital, give street oddress) ON A FARM? ON A FARM? YES IN NO PARM?
	3 NAME OF DECEASED Lost 4. DATE Month Day Year OF DEATH Dec. 5 195
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years lift under 14 hrs lost birthdoy) 10 Months Doys Hours Min.
[,	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY USE COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 13. BIRTHPLACE (Stole or foreign country) 14. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (Stole or foreign country) 15. CITIZEN OF WHAT COUNTRY 15. BIRTHPLACE (Stole or foreign country) 15. CITIZEN OF WHAT COUNTRY 15. CITIZEN OF WHAT CO
	13. FATHER'S NAME Thomas S. Gosnoll Thomas S. Gosnoll Bradburn
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? (16) SOCIAL SECURITY NO. 17. INFORMANT Address 1 (1955, no. 57 Unknown) 1 (15 year give wor or doles of service) 578-01-9630 Clara Kanndo 6631 2 43 an. 4. Head
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Contracty Thromboty Thromboty Thromboty
	Conditions, If any, which by Generalized at the 10scherosis (3 yis
	coase (a), stating the under DUE TO lying couse last. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter return of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year Not white Not white of work of wo
	21. I certify that I attended the deceased from July 1957, to Dec. 1957, that I last saw the decease alive an Dec. 1957, and that peath occurred at 1/15PM, from the causes and an the date stated above
,	ADDRESS (Street, city or town, stole) DATE SIGNE
,	PHYSICIAN'S NAME (Type) Takana Park, 12 mg
	DUTILITY 226. DATE THEREOF Congressional Cemetery Washington, D.C. (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash.D.C. The S.H. Hines Co 2901 14th St., N.W. The S.H. Hines Co 2901 14th St., N.W. The S.H. Hines Co 2901 14th St., N.W.

2 .V ULLIAUL.

List Oil

Hvattsville Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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			MARYLAND	STATE DEPARTM	ATE OF DEATH	-5 6	ĮIMORE, 1	Reg. Dist. N	13506
.	1. [LACE OF DEATH COUNTY	Prince George	MARYLAND	2. USUAL RESIDENCE (WI o. STATE	mere decease	d lived. If instituti b. COUNTY		ore admission)
		Cheverly	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 15 21 Da	c. CITY OR TOWN (IF o	,	prote limits, write R	RURAL and give no	earest fown)
		OR INSTITUTION	ITAL (If not in hospital, give street orge General		d. STREET ADDRESS		1		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print)	First Annie	Middle Reeves	Pearce	4. DATE OF DEATH	Mon Dec		oy Yeor 19 5
	5 5	Fe ale	6. COLOR OR RACE 7. MAR	Carrama Carram	8 DATE OF BIRTH Dec.lst,187	8	9. AGE (In years last birthday) 79 yrs.	Months Doys	Hours Min
1		Housew	ION (Give kind of work done 10b rking life, even if retired) 1110	At home	Caldwel	1, Te		12. CITIZEN US	A A
		FATHER'S NAME UTALLY ONLY WAS DECEASED BY	Edward Reeve		14. MOTHER'S MAIDEN N		Cromari	tie,Annie	
(1)	{Yes	NO Or walnown)	NONE ATH [Enter only one couse per I	None He		arce	48104	48th Av	ston,Mo
	7.	Conditions, if a gave rise to couse (a), stoting tying couse lost.	the under-	rute byelo for him tra	affitis	Left		77(*12)	
4 .	CERTIFICATION	491x		SCRIBE HOW INJURY OCCURRE				/EN IN PART S(o)	PERFORMED? YESY NO
	MEDICAL C		RY Month, Day, Year 20d White		ACE OF INJURY (Home, farm clory, street, affice bldg., etc	, 20f. (City	y or town}	(County) (S1o
1		ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	JUL . St.	sed fram Dec 5th 57, and that death	occurred a 12:05 F	M, fran	7th, 195 on the causes of treet, city or town,	and on the de	
		BUR AL, CREMATIC REMOVAL (Specify BUT 18] FUNERAL DIRECTOR	Dec .30/195	7 Cedar Hill	Cemetery	Suit	TION (City, town, a land Rd	or county) Pr. Ge C	
	W	.W.Chamb	pers Co., Riv	erdale, Md.	DATE	3 1 5	- One	~ /	

BULEAU V. S

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please executable certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form MA3. Rage 8 mm3 be retrieved for your files. TO FUNE AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the second of Health, or temoval, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	13507
12/2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH		200114

-		TOTAL					Keg. Dist. 140.
	PLACE OF DEATH	rince Geor	ges	MARYLAND	2. USUAL RESIDENCE (g. STATE Mary	(Where deceased lived. If institution Land b. COUNTY	n: Residence before odm ssron) Pr. Geo.
b. CITY OR TOWN III outside corporate limits, we se EURAL c. LENGTH OF STAY IN 16 and give necrest fown)			c. CITY OR TOWN ((If outside corporate limits, write RU	RAL and give nearest town)		
		heverly		D.O.A.	olm Folm	ar Manor	
	. NAME OF HOSPITA	AL OR INSTITUTION (I	f not in hos	pital, give street address)	d. STREET ADDRESS		e IS REJIDENCE ON A FARM?
	Prince Ge	eorges Gene	ral H	ospital	3403	40th_Avenue	YES NO
	NAME OF DECEASED	Fin	ıt.	Middle	Lost	4. DATE Month	Day Year
	(Type or print)	Alfred			Lssier	DEATH 12-	18- 19 57
5,	SEX	6. COLOR OR RACE	7. MARRIE	ED MEVER MARRIED 0	DATE OF BIRTH	I met heathered	UNDER TYEAR IF UNDER 24 HRS
_	Male	white	WIDOWE		Jan. 7, 190	7 50 m. "	onths Days Hours Min.
10c	USUAL OCCUPATION OF WORKING	ON (Give kind of work of life, even if retired)	done 10b. K	CIND OF BUSINESS OR INDUST	RY TI. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ccountant			Accounting	New Jer	sey	U.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	1.
L		oine Pelis			<u> </u>	ine Wolfe	
		ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. IF	FORMANT	Address	-
_					Elizabeth P	elissier; same a	s # 2
		TH (Enter only one cou					INTERVAL BETWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	A	cute congestive	heart fail	ure	
		DUE TO					
	Conditions, if or		Ga	ardiovascular 1	renal diseas	•	
	(a), stoling the u						
L	couse lost.) (c).					The same of the sa
CERTIFICATION	PART II, OTH	IER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELAYED TO THE TERM	MINALD SEASE CONDITION G VEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO
CERTIF	PRIMARY OF CONCAUSE OF DEATH.	SE WAS TRIBUTING	b. DESCRIBI	E HOW INJURY OCCURRED. (E	nter nature of injury in Pa	ort I or Port II of Item 18.)	
MEDICA	20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Doy, Yeo			E OF INJURY (Home, for any, street, affice bldg., eld	m, 20f. (City or town)	(County) (State)
	21. I certify th	at I took charge	of the r	remains described abo	ve, held an Autop	sy , Inspection T,	Inquiry T, and in my
	op nion death	resulted from: 1	Natural c	couses 📆 , Accident (7. Suicide [7]	Homicide . Undeterm	
	0	1 ,		1		- Commit	DATE SIGNED
SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER							
				1	ASSISTANT MEDIC	CAL EXAMINER []	
	EXAMINERS NAME (Type)	John T. Ma	loney	M.D.	DEPUTY MEDICAL	EXAMINER Decemb	er 19. 1957
270	BUR ALMERIMANIO			22c. NAME OF CEMETERY OR		72d. LOCATION (City, town, or o	
	burial	12/23/5	7	Arlington Na	at.Cemeter	* Arlington	,Va.
ì	FUNERAL DIRECTOR		20.07	ADDRESS Wash,	2000		AR'S SIGNATURE
r)	e S.H.H1	nes Co.,	2901	14th St. N.V		DEC 2 4 '57 (W)	reduch
-							

BUTEAU V. S.

75C 01 1827

OBAMBOS"

13482 **CERTIFICATE OF DEATH** Reg. Dist. No. lerit h director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Maryland Frince George's the funeral should be fil b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 16 Days Carmody Hills Cheverly d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? MA Prince George's Hospital 206 Carmody Hills Road YES NO NAME OF 4. DATE OF DEATH First Middle Day Year DECEASED (Type or print) LYDIA Dec 20 PTNKARD 19 51 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Oct 14. 1909 DIVORCED | 118 Female White WIDOWED [papers. yrs 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY. during most of working life, even if retired)
HOUSEWITE death At Home Alex..Va. carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Nelson Johnson Ida Mae Bolton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mlaml, Fla. 12840 N.W. 13th Ave. Mrs. Linda B. Green 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ፚ PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ Acute Pulm, Cong.& Edema **DUE TO** ڄ Adeno Carcinoma of the Left Breast any Conditions, if any, which] gave rise to immediate DUE TO cause (a), stating the underwith deffine Carcinomatosis lying couse last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) factory, street, office bldg., etc.) g. m. Not while at work at work tached burial, ., and that death occurred at__8:55pM, from the causes and an the date stated above. DIRECTOR: / ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S HENRY R WOLFE NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) Mt Comfort Fairfax Co., Va.

ADDRESS

Cunningham Funeral Home Inc. box 65 Alex..Va.

24a. REC'D BY REGISTRAR

245. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

Maurs after death. Page

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1) TAREARIE!

hours ofter death. Page

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HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





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3434	CERTIFICATE	OF	DEATH	
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L		1	343	4	CERTII		VIE OF I	JEAIL	1		Re	g. Dist.	No.	
1	PLACE OF DEATH a. COUNTY Prince (MARYL	AND	2 USUAL RES	,	ere decease	d lived If ins		Residence L	etore adm	nstion)
_				1			Marylar					Geor		
	RURAL and give ne	f outside corporate limit arest lawn)	IS, WITE	e. LENGI	'H OF STAY I	N 1b	Greent		utside corpo	rale limits, wr	ite RURA	1 and give	nearest to	wn)
		AL (If not in haspital, g	ive street	oddress)			d. STREET		1					ESIDENCE A FARM?
]		rge General					9-I-La	urel	Hill	Rd.				NO
	NAME OF DECEASED (Type or print) SOX	fin nå a	ıł		Middle	D.	orter	st	4. DATE OF DEATH	70 7	Month	\r' 2	Day	Year
<u> </u>	SEX	6. COLOR OR RACE	7 MARS	HED WE NE	VER MARRIE		DATE OF BIRT	Н	1	12- 1			AR IF UN	DER 24 HRS
ı .	Temale	White	WIDOW		DIVORCED		Nov 22.	1896		9. AGE (In your last birthd)	77) Mo 711.	onths Do		-
100	during most of works	N (Give kind of work of ing tife, even if retired)	done 10b.	KIND OF	BUSINESS OF	INDUS	TRY 11 BIRTHP	LACE (Stole		ounity)		T/S		AT COUNTRY?
13.	FATHER'S NAME	77.24 0					14. MOTHER'S					0/1	, 81Y	
		in LaZori	is								Un	ık		
		IN U S ARMED FOR		SOCIAL SE	CURITY NO.	17. IN	FORMANT				Address			
174	n no or unknown)	If yes, give war or dates of s	ervico]			A	lex Po	ckoff	, "4	15 Cu	ir	1 'S, [110	
		TH [Enter only one co	use per le	ne for (a),	(b), and (c)]			/		e l e e i i	1 3 14 1		NTERVAL	
	PART I DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ce	well.	ic To	1221	Berery						JNSEI AN	DEAIN
	420.0	DUE TO			7	g	/	. //	1	1				
	Conditions, if an		\mathcal{A}	Cecl	7 77	146	reard.	cay 6	22/263	clust				
	gove rise to in cause (o), stating t			7	/	0	4	1/-	10/	7~				
	lying cours lost	(c))(Lite	~ 6676	XLg	tie.	19-C-11	29 6	yell !	4			
BEDICAL CERTIFICATION	PART II OTH	ER SIGNIFICANT CON	DITIONS <u>C</u>	CONTRIBUT	ING TO DEA	TH BUT	NOT RELATED TO	O THE TERMI	NAL DISEAS	ECONDITION	GIVEN I	IN PART 1{c	PERI	ORMED?
TEEK	20g. ACCIDENT WA	S UNDERLYING	206 DES	CRIBE HOV	V INJURY OC	CURRED	(Enter noture i	of injury in f	ort I or Par	t It of item 18]			- Squal
CER	(IF EITHER, NOTIFY	CAUSE OF DEATH												
ICAI	20c. TIME OF INJURY	Y Month, Day, Yea		NJURY OC		20e PLA	CE OF INJURY	Home, form	20f (Cily	or lown)		(Cour	nty)	(Stole)
03	p. m	19	While at wor	k Of we	while ,		ory, meer, orne	o blog , erc.						
	21. I certify the	at I attended the	deceas	ed fram	11/2	7/5	7., 19	_, ta	2/1/	57.19	,th	at I lasi	saw th	e deceased
	alive on	2-/1/57	_, 19		and that	death	accurred at						date sta	ted abave,
	ACTUAL SIGNATURE	In illust	, (1	Leut	raul	£ 3	c c.	ADDRESS (S	Care /	Iwn, slate	•)	/2-	DATE SIGNED
				,				^		1	1			
	PHYSICIAN'S DY	. Weintrau	b					1500	el et	11	1/1	<u> </u>	1 100 v 100 de 100 m 100	
220	RURIAL CREMATION	12/1/5	F	22c NAI	CA TO	TERY OF	CREMATORY COLOR	Xare	22d LOCA	TION (City, to	wh, or co	unty)	Pare	Can &
23.	FUNERAL DIRECTOR'S	SIGNATURE	75	ADD	RESS TO	TE Y	I M!	1	DEC 3	157 (000 1	's sign	TURE)
	4 Wilson	1 yeur	Ser	DX	ma)	3/3	in the course	DATE			1	r-edu	en	

MINERA V. C.

177 5 Oct.

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND	STATE	DEPARTMEN	IT OF HEALTH-BALTIMORE, I	8
			3_33_0	

13486 Them CERTIFICATE OF DEATH

13515

1. PLACE OF DEATH O COUNTY Prince Georges MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cheverly Md d. NAME OF HOSPITAL (If not in hospital, give street oddress) 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before on STATE Maryland Prince Georges MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cheverly Md d. NAME OF HOSPITAL (If not in hospital, give street oddress) 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before on STATE Maryland Prince Georges C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lived If institution, Residence before on STATE O STATE Maryland Prince Georges C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lived If institution, Residence before on STATE O STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lived If institution, Residence before on STATE O STATE O STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lived If institution, Residence before on STATE O	
Cheverly Md 8 days Lewisdale Md	town
d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS	
OR INSTITUTION 7001 22th Place	RESIDENCE ON A FARM?
3. NAME OF First Middle Lost 4. DATE Month Day DECEASED (Type or print) Mary Rose Rose DEATH Dec 11.	Yeor 19 57
female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH March 1, 1882 9 AGE (In years) IF UNDER LYEAR IF (In years) Windows Days Ho	NDER 24 HRS
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 8elf 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Azores USA	HAT COUNTRY
Antone Rose 14. Mother's maiden name Mary Medeiros	
15 WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (190, no or unanown) 11 yes, pive wor or dotes of service) Agnes Moniz Lewisdale, Md.	
Conditions, if any, which gove rise to immediate couse (a), stating the under. [b] Hold features Candia nound General General Course of the terminal disease condition given in Part 1(a) 19 Years II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 Years II.	P
YE 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port Lor Port II of item 18.) OR CONTRIBUTING 200 CAUSE OF DEATH	ERFORMED?
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour e.m. 19 While Not while of work o	(Stote)
21. I certify that I attended the deceased from 12-3, 195), to 12-11, 1957, that I last saw alive on 12-11, 1967, and that death accurred at 1.30 M, from the causes and an the date s ADDRESS (Street, city or town, state) SIGNATURE SUPPLY STREET, CITY OF TOWN, state)	
PHYSICIAN'S George J Hageage 3717 38th atenue Cottage City 20. BURIAL, CREMATION, 27b. DATE THEREOF 2c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Dec 16, 1957 St John's Cemetery New Bedford Massach	(Stole)

BUREAU V. S.



CERTIFICATE OF DEATH

13516

154	/	AID OI DEAII	Re	g. Dist. No.
1. PLACE OF DEATH o COUNTY		2 USUAL RESIDENCE (WE	nere deceased lived. If institution R	esidence before admission)
Irine+ George County	MARYLAND	Maryland	G. COONIT	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	E LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporole limits, write RURAL	and give nearest town)
Cheverly	20 minutes	528-Addison-	Read Seat Meas	ant
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	oddress)	d STREET ADDRESS		. IS RESIDENCE ON A FARM?
Prince deorge General		528 Addison	Road	YES NO 🔼
3. NAME OF DECEASED	Middle	Lost	4. DATE Month OF	Day Year
(Type or print) Horman	ANS Ruce		DEATH 12	8 1957
S SEX 6. COLOR OR RACE 7. MARRI	ED ANEVER MARRIED	B DATE OF BIRTH		NDER LYEAR IF UNDER 24 HRS.
Male White WOOWE		10-28- 1883	74 70	
10a USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if retired)	CIND OF BUSINESS OF INDU	STRY 11 BIRTHPLACE (STON	or foreign country)	2. CITIZEN OF WHAT COUNTRY
Elera	nimerce Nepi	1	Jermanny)	U1.5.
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME	
(mknown)		Impn-	onon-	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 5 (Yes no gr unknown) (If yes, give not or dates of service)	OCIAL SECURITY NO 17 I	Wite Aca	am. Rudolph	Same
18. CAUSE OF DEATH Enter only one couse per line	e for (a), (b), and (c) }			I INTERVAL BETWEEN
PART 1 DEATH WAS CAUSED BY.	rute Osil	more lesses !	edema	ONSET AND DEATH
LLL D V DUE TO				
1.3	1.	- 10	71 11 4 1 A	
Conditions, if any, which agove rise to immediate	you class	ve Cardet	vace proc	e concern.
couse (a), stating the under-	0			
lying couse lost. (c)				
PART II OTHER SIGNIFICANT CONDITIONS CO	DNTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN IN	PART I(b) 19. WAS AUTOPSY PERFORMED?
3				YES NO
200. ACCIDENT WAS UNDERLYING 1 20b DESC	RIBE HOW INJURY OCCURRE	D (Enter noture of injury in S	Part I or Part II of item 18.)	
		ACE OF INJURY (Home, form clory, street, office bldg., etc.	, 20f (City or town)	(County) (State)
Hour e.m. While of work		ciory, sitem, brince blog., etc.		
21. I certify that I attended the decease	d fram	. 19 . ta	, 19,the	nt I last saw the deceaser
alive an1919	and that death		_M, from the causes and	
	and the death		ADDRESS (Street, city or town, state)	
ACTUAL		Ц,	0 0). ACI TO STORES
SIGNATURE		M.D.	77 1.100	£
PHYSICIAN'S Henry R. Wolfe, M	4, D.	905 Sherid	an St. Hyattsvil	le. Marvland
220. BURIAL, CREMATION, 226. DATE THEREOF THE STATE THE	72c NAME OF CEMETERY O		226 LOGATION (City, lows for could be the country)	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / -Z		EBY REGISTRAR 145 REGISTRAR	PS SIGNATURE
M.M. Chambers Go W	achington	INDE SATE	ER LEGISTRAN	S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled up by the funeral director, page 3 bold be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filled with the registrar prior to burial, cremation, as removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/SS

EVA R. D.

2961 81 SZ.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) 1. PLACE OF DEATH e. COUNTY necessory, please al director. Page of for your files. Baord of Health, a STATE **6. COUNTY** Prince Georges Prince Georges Marvland MARYLAND b. CITY OR TOWN III publide corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town) and give nearest town] Greenbelt 2 vears Greenbalt . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 56 E. Ridge Road YES NO T 56 E. Ridge Rd 3. NAME OF M. della Yanr DECEASED 19 57 19 Marjorie Elizabeth Russel DEATH December (Type or print) 9 AGE (In years IFUNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 5. SEX with Months Doys Bourn I Min Female white Aug. 13. 1887 WIDOWED A DIVORCED [10 01 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page 1 during most of working life, even if retired) Maryland U.S.A. 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME 8. Give Pages with form PM3. Alfred E. Bealle Gibbons 17. INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address No No Francis E. Stone: 6627 Powhatan St., Riverdal 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: Hypertensive cardiovascular disease. IMMEDIATE CAUSE (6) Office DHE TO Conditions, if any, which gave rise to immediate couse **DUE TO** Examiner (a), stating the underlying U couse fast. 8 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)119. WAS AUTOPSY PERFORMED? ef Medical E NO [20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) ø. m. of work at work D. m 21. I certify that I took charge of the remains described above, held an Autopsy 🗍, Inspection 🔃 Inquiry K. and in my forwarded to DIRECTOR: opinion death resulted fram: Natural causes A. Accident ... Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE ASSISTANT MEDICAL EXAMINER | John T. Maloney. M.D. DEPUTY MEDICAL EXAMINER December 19. NAME (Type) 220. BURIAL, CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) John Taylor Memorial Temperanceville 246 REGISTRAR S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR VS A15ME 5M 2/57

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FOR STATE HEALTH DEPT

DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execution recrificate, writing the ward "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 show forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retricing for your files. It is followed to the should be used as a buriof-transit permit. File pages 1 and 2 with the 5 should be used as a buriof-transit permit. File pages 1 and 2 with the 5 should be used as its designated agent, prior to buriof, cremation, ar removal, and in any event within 72 haurs after death.

JTY MEDICAL E	ertificate,	i forwarde	IN DIRECTOR	
DEPUT	execut	shou	FUN	
5	40	4	2	
VS.	A	15	MĒ	
51	W S	1/9	7	

		MARYLAND	STATE DEPARTME	NT OF HEALT	H-BALTIMORE, 18
	13	539 MEDICA	AL EXAMINER'S	CERTIFICA	TE OF DEATH Reg. Dist. No. 3518
1.	PLACE OF DEATH				Where deceased lived. If institution Residence before admission)
	o. coomi	Prince Geor	rges MARYLAND	STATE Mary.	land b. COUNTY Pr. Geo.
	b. CITY OR TOWN JH	dulside corporale nimits, write EUEAL	C LENGTH OF STAY IN 16	c CITY OR TOWN (II	foutside corporate limits, write RURAL and give nearest town)
	Cottag	ge City	3 years	Cotts	age City
	d NAME OF HOSPITA	AL OR INSTITUTION (If not in he	ospital, give street address)	d STREET ADDRESS	e S.R.C. DEN. 'E ON A FARM?
_	3727_C	ttage Terrace	Mary Comments on the	3727	Cottage Terrace YES NO I
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month Doy Year
	(Type or print)	Fred	Peter	Schaeffer	DEATH Dec. 16, 1957
5.	SEX	6. COLOR OR RACE 7. MARK	HED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years too) bighday) Manths Day Ham In UNDER 24 HRS
	Male	White WIDOW	ED DIVORCED	July 23,	1907 50 yrs. Months Days Hours Min.
70	during most of working	ON (Give kind of work done 10b. g life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stote	or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Н	Lubrication		Service Station	Virg	inia U.S.A.
1.	3. FATHER'S NAME			14 MOTHER'S MAIDEN	NAME
K	Ве	enjamin Schaeffe	er	Cora E	step
11	5. WAS DECEASED EVI	ER IN U. S ARMED FORCES? 16	SOCIAL SECURITY NO 17. IF	THAMADI	Address
1				Vida Schaef:	fer, Same as # 2.
	PART I, DEAT	TH [Enter only one couse per line H WAS CAUSED BY: IMMEDIATE CAUSE [6]	for (a), (b), and (c)] Universal 4th	degree burns	of body
١,	Conditions, if or	DUE TO	Conflagration	in home.	
	gove rise to immed	liole couse	00011 20050		THE RESIDENCE OF CHARLES IN COLUMN AS A WARRANT AS
	(a), stating the course last.	(c)			
18	PART II, OTH	ER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY
- E	{				PERFORMED? VES NO 152
MORE AND STREET	20g. EXTERNAL CAL	ISE WAS 206 DESCRI	BE HOW INJURY OCCURRED (E	nter nature of injury in Par	
8	CAUSE OF DEATH.	_	come by fumes a	nd hurned in	his own home.
3	20c. TIME OF INJUI	Y Month, Doy, Year 20d	INJURY OCCURRED [200 PLACE	E OF INJURY (Home, form	1. (20f. (City or town) (County) (State)
** STATE	11.00 am	12- 16 19 57 Wh	le Not while	ry, street, office bldg , etc. Hame	Cottage City, Pr. Geo. Md.
				ve, held an Autaps	y , Inspection , Inquiry , and in my
		resulted from: Natural			Hamicide . Undetermined manner
			1	M , 0 0.0100 <u> </u>	To the state of th
	ACTUAL SIGNATURE	Show DAMa	Vonen	M. D. CHIEF MEDICAL EX	(AMINER []
4	SIGNATORE Y	UP PPL- 140		ASSISTANT MEDIC	
	EXAMINER'S NAME (Type)	John T. Malon	atr. M.D.	DEPUTY MEDICAL	EXAMINER December 16, 1957
7.	20 BURIAL, CREMATIO	N, 226 DATE THEREOF	27c NAME OF CEMETERY OR	CREGOCOGINE	22d LOCATION (C ty, town, or county) (State)
	RECYALIST (SPECIF)	12/18/57	Arlington Na	tional	Arlington Va.
2	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	24e REC'	D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	F. Gas	sch's Sons Hy	attsville Md.	DATEC	2 3 '57
l=	man bruses				YIK " II ACALCA

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VS A15 (4) 15M 9/55

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DIRECTOR

death. 6

A WAST

13490 **CERTIFICATE OF DEATH** Rea. Dist. No. filed with director, 1. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY COUNT MARYLAND deoth. funerol c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside corporale limits, write BURAT and give nearest town) Pe RURA# and give neotest town) D d. NAME OF HOSPITAL (If not in hospital, give street address) e. 15 RESIDENCE d. STREET ADDRESS OR INSTITUTION 50 YES NO-Middle NAME OF 4. DATE Month Year Filled DECEASED OF DEATH (Type or print) ages 10 /ኅ 9. AGE (In years lost birt#doy) IF UNDER 1 YEAR IF LINDER 24 HE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months Days Hours WIDOWED DE DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which I gave rise to immediate DUE TO cause (a), stating the underlying cause last. 2/c. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES I NOW 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) o. n. While Not while at work at wark p. m. 21. I certify that I attended the deceased from that I last saw the deceased that death occurred ADDRESS (Strept, city or town, state) **DATE SIGNED** ACTUAL PHYSICIAN'S NAME (Type) moy be D FUNEI Poge 3 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CHMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (State) REMOVAL (Specify) Jort matione much George 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR herf Lunera VS A15 (4) 25M 9/55 DATEC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STAT HEALTH DE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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J.	0)	U	4	Ł

	491 MEDICA	L EXAMINER	S CERTIFICATI	E OF DEATH	Reg. Dist. No.
PLACE OF DEATH			2. USUAL RESIDENCE (WI	ere deceased lived. If institu	tion: Residence before admission)
e. COUNTY	Prince Georges	MARYLAND	o STATE Maryl	and 6 COUNT	Pr. Geo.
	outs de corporate limits, write \$UPAs	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	iuts'de carparate limits, write	RURAL and give nearest lawn)
and give negrest town)	verly		Glen	Dale	
	L OR INSTITUTION (If not in hos	ipital, give street address)	d STREET ADDRESS	THE PARTY OF THE P	e. IS RES DENC
Prince	Georges Genera	1 Hospital	P.O.Box #	1.31	YES NO
NAME OF	L first	€ Middle	Lost	DATE Month	
Type or print)	- I		naffner	OF DEATH DOC.	19, 19 5
€X	6 COLOR OR RACE 7. MARRIE			9. AGE (In years	TIFUNDER TYEAR IF UNDER 24 HR
Male				1889 68 yrs.	Months Days Hours Min
	IN (Give kind of work done 10b. It				12. CITIZEN OF WHAT COUNTS
during most of working	g life, even if retired)			* **	
lachinist	(Retired) Bu.	of Engraving			_ USA
	ffner	;	14. MOTHER'S MAIDEN NA		
				etcher	Allenda av a 1
, no, of unknown)	R IN U.S. ARMED FORCES? 16		NFORMANT	Address	Landover Hill
No C	None U	nknown JB	ert F. Shaff	ner, 4215	71st Ave. M
1	H Enter only one cause per line	for (o), (b), and (c) }			CINSET AND DEATH
	H WAS CAUSED BY:	Hemorrhage	and shock		
X	DUE TO				
Conditions, if ar	ly, which) (b)	Chrushed c	hest and fract	ured skull	
gave rise to immed (a), stating the u		C No.		* ****	
cause last.	(c)				
PART II, OTH	ER S GNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	ALDISEASE CONDITION GIV	EN IN PART I(o) 19, WAS AUTOPSY
					PERFORMED?
200. EXTERNAL CAU	SE WAS 206 DESCR B	erator of an a	Enter nature of up vry in Part (or flow II of item 18) + + 1	
PRIMARY TO OF CONCAUSE OF DEATH.	UKBRIING CI	erator of an a	utomobile in	COTTIBION MICE	a Grack
		B. BIRY OCCUPERS TOO. BL		-	
20c. TIME OF INJUR	Y Month, Doy, Year 20d, I	HANDEL OFFINERS INC. NO. S.C.	CE OF INJURY (Home, form.	20f. (City or fown)	(County) (State)
20c. TIME OF INJUR	While	Not white foc	CE OF INJURY (Home, form, tary, street, office bldg, etc.)		(County) (State)
9.30 XX	12- 19 19 57 While	Not white for	Highway	Berwyn Hts.	Pr.Geo. Md.
9.30 XX.	12- 19 19 57 While of war at I took charge of the r	Not white too	Highway ave, held an Autapsy	Berwyn Hts.	
9.30 XX 21. I certify th	12- 19 19 57 While	Not white too	Highway ave, held an Autapsy	Berwyn Hts.	Pr.Geo. Md.
9.30 KK 21. I certify the opinion death	12- 19 19 57 While of war at I took charge of the r	Not white too	Highway ave, held an Autapsy	Berwyn Hts.	ProGeo. Md. Inquiry A, and in manner
9.30 XX	12- 19 19 57 While of war at I took charge of the r	Not white too	Highway ave, held an Autapsy	Berwyn Hts.	Pr.Geo. Md.
9.30 mm. 21. I certify the opinion death. ACTUAL SIGNATURE	12- 19 19 57 While of war at I took charge of the r	Not white too	Highway ave, held an Autapsy Suicide , H	Berwyn Hts.	Pr.Geo. Md. Inquiry A, and in manner DATE SIGNED
9 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12- 19 19 57 While of war at I took charge of the r	remains described aborauses []. Accident	Highway ave, held an Autapsy Suicide , H	Berwyn Hts.	ProGeo. Md. Inquiry A, and in manner
9 30 dX. 21. I certify the opinion death actual stonature Examiner's NAME (Type)	12- 19 19 57 While of war at I took charge of the resulted from Notural of	remains described aborauses []. Accident	The control of the bldg, etc.) Highway The control of the bldg, etc.) Assistant Medicat example of the bldg. DEPUTY MEDICAL EXAMPLE OF THE BLDG.	Berwyn Hts.	Pr.Geo. Md. Inquiry A, and in manined manner DATE SIGNED mber 19, 1957
9.30 eXX. 21. I certify the opinion death ACTUAL STONATURE EXAMINER'S NAME (Type)	12- 19 19 57 While of war at I taak charge of the resulted from Notural of the Description of the Interest of	remains described aborauses [], Accident	ASSISTANT MEDICAL EXPLORED REPUTY MEDICAL EXPLORED RECEMBLICATE RECEMB	Berwyn Hts.	ProGeo. Md. Inquiry A, and in manifer and manner DATE SIGNED mber 19, 1957 (State)
9.30 KX: 21. I certify the opinion death ACTUAL SHONATURE EXAMINER'S NAME (Type) o. BURIAL, CREMATIO REMOVAL (Specify) BUT I E. I. FUNERAL DIRECTOR'	12- 19 19 57 While of war at I taak charge of the resulted from Notural of the Inc. No. 1226 DATE THEREOF 12/23/1957	M.D. Not white loc ork of work loc remains described abore causes Accident M.D. M.D. PORT LINCOL ADDRESS	ASSISTANT MEDICAL EXPLORMENT OF COME TO PUT MEDICAL EXPLORMENT OF COME TO	Berwyn Hts. Inspection Ins	Pr.Geo. Md. Inquiry A, and in manined manner DATE SIGNED mber 19, 1957

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute 12, certificate, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shart in forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relating for your files.

TO FUNEXAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the 5 shart of Health, ar its designated agent, priar to burial, cremation, ar removal, and in any event within 22 hours after death. VS. A15ME 5M 2 '57

FOR STATE

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed — thin 24 haurs after death. If any delay is necessary, please execute the certificate, writing the word "pending" is pending in term. 18. Give lages 1, 2, and 3 to the fazeral director. Page 4 should be even and a factor of the control of the fazeral director. Page 5 have been seen as a fazeral been seen as a fazeral of the control of the contr VS ATSME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13540 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13522

	1	3540 ME	DICA	L EXAMINE	R'S	CERTIFIC	ATE OF	DEATH	Reg. Dist.	No.
i, PU	ACE OF DEATH					2. USUAL RESIDENC	E (Where deced	ased lived. If institu	ution: Residence	before admission)
0.1	COUNTY Pr	ince Geor	gea	MARYLA	ND	o. STATE Pr	· Geo.	b. COUNT	Mary.	land
b. 0	CITY OR TOWN (Fou			c. LENGTH OF STAY IN	1b			rporate limits, write		April V
		ville		3 years		Belts	ville			
d l			If not in hos	pitar, give street address)		d STREET ADDRE	SS			e 15 RESIDEN E
	L1607 34th	Place				<u>/ 11</u>	1607 34	th Place	THE STREET IS BASED. BY	YES NO
3. NA	ME OF	Fir	st	Middle		Lost	4. DATE OF	Mont	h I	Day Year
	pe or print)	Marie		Rose	Shi	mberg	DEATH	Decemb	oer :	13 19 57
5, SEX		S. COLOR OR RACE	7. MARRH	D NEVER MARRIED	3 8 D	ATE OF B RTH		9 AGE (in-years test birthday)		AR IF UNDER 24 HRS
	Female	white	WIDOWE	DIVORCED		Mar. 28,	1907	50 yes	Months Day	rs Hours Min.
10a. U	ISUAL OCCUPATION	(G've kind of work	done 10b. I	IND OF BUSINESS OR INC	DUSTRY			country)	12 CITIZEN	OF WHAT COUNTRY
001	Housewife					New	Yerk		1	U.S.A.
13. FA	ATHER'S NAME				1	4. MOTHER'S MAIDI	EN NAME			
	John	Cremina				G	eņeviev	e. Gamms	n	
	AS DECEASED EVER	IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	7 INFO	DRMANT	ur qua	Address		
	(If Ces	Jah bras mb, of gales o,	service)	152-01-92981	I. Le	e Shimber	o: same	address	as # 2	
		Enter only one cay	ne per line	for (o), (b), and (c).			6)			NITEVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY:			1 - 4 4				- 1	DINSET AND DEATH
	IIV	IMEDIATE CAUSE (o)		Strangu	ati	.on				
	4×	DUE TO		Venedae						
	onditions, if any, overise to immedia			Hanging						_
- (o), stating the un-									
_ -	avse last.) (c)								
CERTIFICATION	PARI II, OTHER	SIGNIFICANT CON	DITIONS CC	INTRIBUTING TO DEATH B	UINOI	RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(PERFORMED?
20 20 20 20	a. EXTERNAL CAUSE	WAS 20	b. DESCR-BI	HOW INJURY OCCURRE	D (Ente	r noture of injury in	Port Ler Part I	l of item 18)		
	RIMARY TO OF CONTI AUSE OF DEATH.			Hanging						
MEDICAL	C. TIME OF INJURY	Month, Day, Yes		NJURY OCCURRED 20e	PLACE	OF INJURY (Home, street, affice bldg.,	form. 20f. (Cit	ly or tawn)	(County) (Stote)
MED	Heur e, m,	Dec. 13 19	57 of wo	Not while		Me		ltsville	Pr. (Geo. Md.
2	1. I certify tho	t I took chorge		emoins described o						
				causes 📋, Accider	-			_	rmined mor	
	ACTUAL L	1. 50	11/	magn		CHIEF MEDICA	L EXAMINER	1		DATE SIGNED
3	IGNATURE	KANAU:1	LAN	-	A	n,D,	DICAL EXAMIN	-		
	XAMINERS	John T. M	alone	y, M.D.			TAL EXAMINER	_	nber 13	, 1957
P	urial, CREMATION, EMOVAL (Specify) Burial	1	1957	22c NAME OF CEMETERY Arlington			Arl	ington	Virgit	(Stote)
	NERAL DIRECTOR'S			ADDRESS			REC'D BY REGIS		STRAR'S SIGNA	TURE
	F. Gas	ch's Sons	s Hy	attsville,	Md.	DATE	DEC 1 C		1	
_						DAIL			Theale	At.

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E	ğ	Dr.C	
IO FUN. DIRECTOR: After this certificate has been signed by the attending physician and campletel	page	the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.	
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0	ď	-	

VS A15 (4) 15M 9/55

		13	422	CERTIF	ICAT	E OF DEATH	1		Reg. Dist, I	No.	
	PLACE OF DEATH	ce George	S	MARYL		usual residence (Willow STATE Mary	here deceosed (lived. If institution b. COUNTY	Prince	efore admis	ges
	b. CITY OR TOWN (If		ts, write	c. LENGTH OF STAY II	N IP	c CITY OR TOWN (If a	outside corporo				
L	College	Park, Md.		25 years	1		e Park	, Md.			
	d NAME OF HOSPITA OR INSTITUTION 9150 B	altimore	avent	oddreu)		d. STREET ADDRESS 9150 Bal	timore	avenue			FARM?
12	NAME OF DECEASED (Type or print)	Caroli		Middle Shoemalce	r	Lost	4. DATE OF DEATH	Dec 8,		Day	Year
1	S. SEX			IED NEVER MARRIED		ATE OF BIRTH	9	AGE (In years	IF UNDER 1 YE	AR IF UND	ER 24 HRS
	female	white	WIDOWE	DIVORCED	_ A	ug 31, 187	2	log birthday) 85 yrs.	Months Doy	rs Hours	Min.
Ţ	On. USUAL OCCUPATIO	N (Give kind of work-	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stole	or foreign cou	intry)	12. CITIZEN	OF WHAT	COUNTRY?
4	Housew	-	´	vh. home		Marylan	ıd		US	A	
	3. FATHER'S NAME				1	4 MOTHER'S MAIDEN I					
		am G. Eck				Elizabet	h C. E				
1	S. WAS DECEASED EVER	IN U. S. ARMED FOR I yes, give war or dates of t NO		SOCIAL SECURITY NO.	17. INFO	rmant nest Ecken	rode C	ollege		Md.	
,	Conditions, if an gove rise to in ceuse (o), stating to lying cause lost.	H WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO y, which mediate he under- (c)	A	RTERIOS	SELE	TROTIC I	HEATS	T Dis	ENSE	19. WAS PERFO	16N7
		UNDERLYING UCAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OC	CURRED. (E	nter nature of injury in	Part I or Port I	If of item 18)			
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While	NOI while		OF INJURY (Home, form, street, office bldg., etc		or town)	(Cour	ity)	(State)
/	21. I certify the alive on	at I attended the	Cal.	ino line	M D	300		the causes of court, city or lown,		date stat	
	NAME (Type)	HOMA.	5 /	. COLLI	NS1	n <u>U</u>					*****
7	220. BURIAL, CREMATION REMOVAL (Specify)	Dec 11,		22c. NAME OF CEME		REMATORY Cemetery		ON (City, town, o		(Sto	(0)
2	3. FUNERAL DIRECTOR'S		iyatt	ADDRESS sville, Mo	l.	240 REC	D BY REGISTRA	AR 245 REGIS	STRAR'S SIGNA	TURE	
100									ACCULATA		

DECENVENT Y. S.

1			M	ARYL	AND STA	TE DEPA	RTM	ENT OF H	EALTH	-BAL	TIMORE, 1	18	4.01			
			a 1	354	Lems	CERT	FICA	TE OF D	EATH	Í		Dan Di	13	124		
irector,	1. [Reg. Dist. No. 1. PLACE OF DEATH COUNTY COUNTY O COUNTY O STATE O STA														
d breight d	-	CITY OR TOWN	I (If outside corpo			NGTH OF STAY	IN 1b			utside corpo	role limits, write F			- V		
2 should	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION At home							/ d STREET ADDRESS O32 New Fort Washington Road o is RESIDENCE on A FARM? YES NO								
24 hour		NAME OF DECEASED (Type or print)		First		Middle		los Silbau@h		4. DATE OF DEATH	12/6/57		Doy	Yeor 19		
within etely fill	5. :	SEX	6 COLOR O		MARRIED	ONEVER MARR	ED 🔲	B. DATE OF BIRTH	ዛ ምጸማት,		9. AGE (In years lost birthday)	IF UNDER Months	1 YEAR IF UND	DER 24 HRS.		
a cample of camp	10a	USUAL OCCUPA during most of w	TION (Give kind or rorking life, even i	of work do								12. CIT	U.S.A			
carbon and differ de	3.	FATHER'S NAME		64	Though			14. MOTHER S		AME			0.00			
g physic remove 72 hours		WAS DECEASED E		AED FORCE		L SECURITY NO), 17, ff	Mrs. Be:	<u>atilda</u> rtha S		Add	Same				
ottendin please within			DEATH [Enter online DEATH WAS CAUS IMMEDIATE C	SED BY:	e per line for	(a), (b), and (c)	·) (·	enger	line	fo	ildu		INTERVAL 8	D, DEATH		
that the by the it. Then by even!		Conditions, if		DUE TO			Fr	afra	dias	l d	omag	-	LL.	Line		
on. signed in an and in an		gove rise to cause (a), statis lying couse las	ng the <u>under-</u>	DUE TO		a	ite	to sel,	anol	ter La	dia	lesea	wind	repre		
physicic os been ial-trons iaval, a	CERTIFICATION	PART II. (OTHER SIGNIFICAL	NT COND	ITIONS CONTR	IBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PART		AUTOPSY ORMED?		
ending ficate h the bur or rem		200 ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING NG CAUSE OF IFY MEDICAL EXAM	G 2 DEATH MINER}	Ob. DESCRIBE I	HOW INJURY O	CCURRE). (Enter noture o	f injury in P	orl I or Por	t II of item 18)					
PHYSIC at ar att his cert) use as amatian	MEDICAL	20c. TIME OF INJ Have a. n p. n	π.	Poy, Year	20d. INJURY While In of work C	OCCURRED Not while of work	20a. PU	ACE OF INJURY (I	Home, form, bldg., etc.	20f. (City	or lown)	(C	ounly)	(Stale)		
TENDING the hospit OR: After t detached for burial, cre		21. I certify alive an	that I attend	ed the c	deceased from 19.5.7			accurred at	815		n the causes o	and an th				
petained by petained by posting prior prior prior t		PHYSICIAN'S NAME (Type)	H	enry	G. Had	ley, L	٠.١٠.	W.D	1.252	e-6th	St. S.W.					
HOSPI may be page 3 he regis	220	BURIAL, CREMAT REMOVAL (Special		THEREOF	22c	NAME OF CEN	4.	CREMATORY	PARK		ION (City, town,		(Ste	ote)		
VS A15 (4) 15M 9/SS	23.	FUNERAL DIRECTO	ors signature i Funera	1 Hom		KODRESS 816- H			240. REC'C	BY REGIST		STRAR'S SIC	SNATURE			
	-															



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13525

L		1354	2	CERT	IFIC.	ATE OF DEAT	Н		Reg. Dist.	No.		
1	. PLACE OF DEATH o. COUNTY Pri	nce Georg	es	MAI	RYLAND	2. USUAL RESIDENCE (W	/here decease	d lived If institution b. COUNTY	on: Residence	before ad	Imission)	
r	b. CITY OR TOWN III	outside corporate lim		c. LENGTH OF STA	Y IN 16		outside corpo	deceased lived If institution: Residence b. COUNTY de corporole limits, write RURAL and give gton ng Ave., N. W. DATE Month DEATH December 9: lost birthdoy) P. AGE (In years life UNDER 1: lost birthdoy) Penna. Foster Penna. Foster Address Was Demark 215 Websi lignancy capsule ypertension Loisease condition given in Part in lor Port II of item 18.) 201. (City or tawn) (Co 1. 1957, that I la 1. from the causes and an the RESS (Street, city or town, stete) ton St. W. W. 1. Location (City, town, or county) Philadelphia, Per REGISTRAR 245-REGISTRARS SIGN	e nearest	town)		
. 2	RURAL and give ne Silver S	pring		1 wee	k	Washi	ingtor	3	1			
r	A NAME OF HOSPIT	AL (If not in hospital, (ive street	address)		d. STREET ADDRESS					RESIDENCE	
L	571 Univ	ersity Bl	.vd.			1867 Wyor	ning /	Ave., N.	V .		S NO 🔯	
- 3	I. NAME OF DECEASED	Fic	-	Midd		Last	4. DATE	deceased lived If institution: Reside b. COUNTY The corporole limits, write RURAL and ton I. Ave., N. W. DATE Month DEATH December 1. AGE (In years lef UNDE lost birthday) 1. St. Weign country) 1. Penna. Foster Penna. Foster Demark 215 Web I. Grant II of item IB.) Di. (City or tawn) 1. AGE (In years lef UNDE Months la Country) DISEASE CONDITION GIVEN IN PAINTED LA COUNTY DISEASE CONDITION (City town, or county) DISEASE CONDITION (City, town, or county) DISEASE CONDITION (City, town, or county) CONTROL CITY TOWN, or county) CONTROL CITY TOWN, or county) PAINTED LA COUNTY PAINTED LA COUNTY CONTROL CITY TOWN, or county) CONTROL CITY TOWN, or county) PAINTED LA COUNTY PAINTED LA COUNTY CONTROL CITY TOWN, or county) CONTROL CITY TOWN, or county) PAINTED LA COUNTY PAINTED		Day	Yeor	
L	(Type or print)	WALTER		ALEXAN	DER	SILLIMAN	DEATH	Decembe	er 9t	th,	1957	
1	. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MAR	RIED 🔲	8. DATE OF BIRTH		9. AGE (In years			INDER 24 HRS.	
	Male	White	WIDOWI	DIVOR	CED 🔲	Jan.14th.	1874	83 yrs	Months D	ays Ho	lurs Min	
ī	0a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign c		12. CITIZ	EN OF W	HAT COUNTRY/	
	Mining E	ngineer	Se	elf-Empl	oved	Pottsvi:	lle. I	Penna.	T	JSA		
1	3. FATHER'S NAME					14. MOTHER'S MAIDEN			`	,		
П	George	Silliman	1			(Unknown	1) Fo	oster				
Ī	WAS DECEASED EVER IN U. S. ARMED FORCES? LIA SOCIAL SECURITY NO. 117 INFORMANT											
ľ	Yes, no or unknown)	If you pive proc or dorse of a		78-14-32			an Deme		Mars	sh.Do	S+ N.E.	
F												
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART L DEATH WAS CAUSED BY:										ONSET AND DEATH		
П	PART I. DEATH WAS CAUSED BY: Chronic pyelonephritis										years	
П		DUE TO			de di m		6- 7 t			\ 7		
П	Conditions, if an		OFI	er Mito	tic	prostate (1	wall gr	nancy ca	psule	1 1	year	
ı	gove rise to immediate couse (a), stoling the under Chronic Myocarditis with hypertension								10	****		
L	lying couse lost. (c) CITIOTITE My OCATATOTS WITTI THY POPULATION									12	years	
	3		DITIONS C	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART 1	PE	AS AUTOPSY REORMED?	
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in	Port I or Por	t (I of item 18.)				
1000	20c. TIME OF INJURY Hour o. j., p. m.	Month, Day, Ye	While	Not while	20e. PL fo	ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (City c.)	or tawn)	(Co.	unty)	(Stote)	
	21. I certify that I attended the deceased from NOV. 5th, 19.57, to Dec. 9th, 19.57, that I last saw the deceased glive on Dec. 8th, 19.57, and that death occurred at 3:10Pm from the causes and an the date stated above											
Ł	The state of the s											
ı	APPIAL (18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
A.	SIGNATURE	SIGNATURE CONTROLLE STATE OF S										
	PHYSICIAN'S S	tanley Pa	ul I	Porton		Masming	10II , I	J. () .				
2	20. BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CE	METERY O	R CREMATORY	22d. LOCA	TION (City, town o	or county)		Stote)	
1	BULL TO T		957			Cemeterv				enna		
2	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24- 050				-		
1	W.W.Chamb	ers Co. 1	400	Chapin	St.N	-W. Wash DC						



FISEVA & E

Reg. Dist. No.

b. COUNTY Prince Georges

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Marvland

c. LENGTH OF STAY IN 16

MARYLAND

within 24 hours

1. PLACE OF DEATH

Prince Georges

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town)

o. COUNTY

attending þ **burial-transit** etained pine FUN

Hvattsville davs Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Prince Georges ON A FARM? 3609 Jefferson Street. General Hospital YES | NO TO NAME OF Middle Lost 4. DATE DECEASED 1957 OF December SIM ELIZABETH (Type or print) Macdonald 5 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8 DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Days Min Aug.15th.1862 Female White DIVORCED [95 WIDOWED IT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA At home Scotland Honsewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Neil Macdonald Margaret Gordon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Hvattsville Yes no or unknow None James S. Sim. 3609 Jefferson at. None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Carcinoma of breast vears DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) 20c TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Stote) (County) factory, street, office bldg., etc.) House O. III While Nat while of work of work Dec. 14th 49 57 that I last saw the deceased 21. I certify that I attended the deceased from Nov. 2nd. 1957 and that death accurred at 2:15PM, from the couses and on the date stated above olive on Dec . 14th ADDRESS (Street, city or town, stote) **DATE SIGNED** ACTUAL SIGNATURE 5201 Baltimore Ave. Hyattsville PHYSICIAN'S Hays Leonard NAME (Type) 220 BURIAL CREMATION | 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) Burial Specify Dec. 18/1957 Oakwood Cemetery Troy, New York 23 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 246. REC'D BY REGISTRAR W.W.Chambers Company, Riverdale, Md.

HOSPITAL 0

TATE OF THE STATE OF THE STATE

13543

13527

	1 UU X	0					Kade bisi' i	10.				
1. PLACE OF DEATH				2. USUAL RESIDENCE (W	here deceased		nı Residence be	efore admission)				
רון	. C JT.	2	MARYLAND	o STATE TETTING	117711	b. COUNTY		V				
b. CITY OR TOWN (RURAL and give n	If outside corporate limi	h, write c	LENGTH OF STAY IN 16.	c chy or town hi		oto limils, while RU	RAL and give	nearest town)				
Mare To You also	w had	D.J.	out deversu	Sweetwat	P111/1/		7:	< 3				
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street od	dress)	d street Adoress				e. IS RESIDENCE ON A FARM? YES NOT				
3. NAME OF	<u> </u>		Middle	Lest	4. DATE	Mont		1 4 4				
DECEASED (Type or print)	To	•	R	Sledge	OF DEATH	Decembe	er	19				
5 SEX	6. COLOR OR RACE	7 MARRIE	D NEVER MARRIED	8. DATE OF BIRTH			Months Doy	AR IF UNDER 24 HRS				
lale	Cau	WIDOWED	DIVORCED [27 July 190	03	54 yrs.						
during most of wor	king life, even if retired) .		ISTRY 11 BIRTHPLACE (Stote			12 CITIZEN	OF WHAT COUNTRY				
13 FATHER'S NAME	rvice .h.		tiro pervice	14 MOTHER'S MAIDEN		1.633.3	1 2 4	to a cota d				
	Un'mown					ווייסמ						
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CE57 16. SC	OCIAL SECURITY NO. 17.	INFORMANT		Addre	169					
(Yes, no or unknown)	(If yes, give war or dates of s	ervice]	17_1/_ 10		1 1 2	6.2. S						
18. CAUSE OF DE	ATH [Enter only one co	use per line	for (o), (b), and (c)]				10	NTERVAL BETWEEN				
	ATH WAS CAUSED BY:	Than	rombosis. Cor	יותסליים שיינסתיי	0	NSET AND DEATH						
4 /	IMMEDIATE CAUSE (o	1		y				7 3 14 30				
Conditions, if a	ora uskish V											
gove rise to i	gove rise to immediate Que so											
lying couse lost.	coule (c), storing the under-											
PART II. OT			NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	N IN PART 1(0	19. WAS AUTOPSY PERFORMED?				
8	ALL P.	. Fort.	s (S e ' er.	: 2:)				YES MO				
PART II. OT	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH											
	MEDICAL EXAMINER)		liot	Applicable								
20c. TIME OF INJUI	RY Month, Day, Ye			LACE OF INJURY (Home, for actory, street, office bldg., et	m. 20f. (City	or town)	(Count	ty) (Slote)				
Ø p. m.	19	While of work (Not while of work									
21. I certify t	21. I certify that I attended the deceased from 3 200, 19 7, to 1, 100, 19 7, that I last saw the deceased											
alive an												
	ADDRESS (Street, city or town, stote) DATE SIGNED											
SIGNATURE_C	countd /	· Inc	Marco	M.D. 1601st U	SAF Ho	spital	per upor neuro star nillio stato stato nillio stato nillio	4 Dec 57				
PHYSICIAN'S	OF IND	(771 a 1 TT)	7					-				
NAME (Type)	The Mill F. "					Mashingto						
220 BURIAL, CREMATIC	ON. 276 DATE THERE)F	22c. NAME OF CEMETERY	OR CREMATORY	22d TOCAL	ION (City, town or	county	(State)				
AJOHA	0	3/	100000	_		MEETN	197 6	- levil				
23. FUNERAL DIRECTOR	e lind	1/2	ADDRESS		C D '57	RAR 246. REGIS	TRARS SIGNAL	IDKE				
18 8 1/1/1/1/2	10 W/ 15.1/	1/1/	1/10/1/	A DATEDE	1 U 5/	1 10	//////					

may be relained by the haspital ar attending physician.

TO FUNCT L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page Amould be detached for use as the burial-transit permit. Then please remove carbon papers. Page: And 2 should be filed with the registram prior to burial, cremation ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/55

l. root - - ilon y noulo.is, i'iv iv ju, o chatch, ndv . c., etive.

3 4 6 7 3

DEC 9 102V



FOR STATE HEALTH DEPT.

MEDICAL EXAMINER: This cartificat should in exted within 24 hours after death. If any delay is necessary, please a certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 5 forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refined for your files. A DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the Board of Health, signated agent, priar to barial, cremation, ar remard, and in any within 72 hours after d DEPUTY sha FUNA its de

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V\$. 5A				,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13493 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13528

0430	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Prince George's	2. USUAL RESIDENCE (Where deceased lived It institution: Residence before admission) o STATE Many and b. COUNTY Prince Google
I MARI DAND	- aryzana riince deorge
b. CITY OR TOWN I dust de corporais (min, wrise FUFAL end give registat love) Cheverly Md.	c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)
	33 Bladensburg, Md.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d, STREET ADDRESS o, 15 FE DENCE ON A FARM?
Prince Georges General Hospital	5015 Quincy St YES NO E
3. NAME OF DECEASED (Type or print) Mary Doretta Spic	Lost 4 DAYE Month Doy Year
5. SEX female 6 COLOR OR RACE 7. MARRIED NEVER MARR ED B WIDOWED DIVORCED	Oct 10, 1869 9 AGE (In year) 15 UNDER 1YEAR IF UNDER 24 HRS Worldoorl Yes Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR INDUST during most of working life, even if retired)	TRY 11. BIRTHPLACE (Slote or foreign country) 12. CIT ZEN OF WHAT COUNTRY?
Housewife Own Home	Maryland U S A
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Charles Parker	Elizabeth Shaw
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC AL SECURITY NO 17. M	NFORMANT Address
no Aı	my D. Vincent Bladensburg, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Thtracrania	1 hemorrhage
9040 DUE TO	
Conditions, if any, which) (b) Fractured s	skull
gave rise to immediate cause (a), stating the underlying DUE TO	The second secon
course lest.	
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY CLOS CONTRIBUTING D CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED IN FAIL IN home C	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY EXECUTED?
200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INSURY OCCURRED IF	inter nature of injury in Port I or Port II of Item 18)
	n daughter
Hour Am 10_00_E2 White _ Not white Tocks	CE OF INJURY (Mome, form, 20% (C.ty or town) (County) (State)- ory, street, office bldg., etc.)
21. I certify that I laak charge of the remains described abo	Silver Springs, Montgomery, Md.
apinian death resulted from. Natural causes	A, Suicide [], Hamicide [], Undetermined manner []
ACTUAL SIGNATURE JE MIL TYCILATION	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S Dr John T. Maloney	ASSISTANT MEDICAL EXAMINER December 26, 1957
220. BURIAL, CREMATION, 27b DATE THEREOF PORT Lincoln	
23. FUNERAL D RECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATE
the way power to be a second of the second o	DEC 9 0 '57 (Westerneh

BUREAU V. E.

NEC 30 1957

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13544 CERTIFICATE OF DEATH

13529₄

1	1. PLACE OF DEATH O. COUNTY Trunce Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 RURAl and give peofest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
)	d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED [Type or print] AMES D. S	TERRETT DEATH LOGC 29, 19.57
	9 male White WIDOWED DIVORCED	8. DATE OF BIRTH May 28, 1883 9. AGE (In years last birthday) The year of the second
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even it relited) Took maken machinist	ISTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	William Sterrett	ama R. Sechrist
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no or unknown) 11 yes, give wor or dates of versice) 361-61-72-57 M	12 Kathryn Penter . Fillside , mot.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), storing the under. DUE TO	est mestrabases
)	CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{NO} \)
	CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Port II af item 18)
		ACE OF INJURY (Home, farm, 20f (City or town) (County) (State) (County) (State)
	21. 1 certify that I attended the deceased from Safa	n occurred at 2 PM, from the causes and an the date stated above. ADDRESS (Street, city gr-Jown, stote) DATE SIGNED
1	PHYSICIAN'S PETER DUSS	MD 6124 Contral ave Copatai table 12/29/57
	220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1-2-58 Washing	OR CREMATORY 22d. LOGATION (City Jawn, or county) (State) Math. Swittens Mary Cond
-	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS & Washington	240 RPC B BY REGISTRAS 246, REGISTRAR'S SIGNATURE

BUREAU V. E.

DECEIVED 3 1953

1 /	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13530
2 £	13437 CERTIFICATE OF DEATH Reg. Dist. No. 344
filed with	1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE District of Columbia
should be fi	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hyattsville Washington
2 show	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Carroll Manor Home for the Aged 6. IS RESIDENCE ON A FARM? YES NO X
Pu Pu	3. NAME OF DECEASED (Type or print) CHRISTIAN STOLL (A. DATE OF DECEMBER 28, 1557)
s. Poge	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 7. AGE (In years FUNDER YEAR FUNDER 24 HRS 1. May 31, 1869 No. 88 Months Days Months Days Months 88 May 31, 1869 No. 88 May 31, 1869
nd completely on papers. Po death.	19a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Brewer 12 CITIZEN OF WHAT COUNTRY? Germany USA
cian are corbo	13. FATHER'S NAME Christian Stoll Christine Bross
ng phys	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO If you give wor or date of terrice) 577-20-1198A Miss Marie Stoll, 609-21st St NW
e ottendir nen please int within	18. CAUSE OF DEATH [Enter only one couse per fine for [0], [b], and (c)-] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) ONSET AND, DEATH ONSET AND, DEATH
ed by the	Conditions, if any, which gave rise to immediate DUE TO
ansity ond in	lying cause lost. (c) generalized aller reference 8 years
has be unial-tra	PERFORMED? YES NO
ifficate s the b n, ar re	
this cer ir use a rematio	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. p. m. 19 While at work at wo
* Affer ched fo urial, ci	21. I certify that I attended the deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
RECTOR be deta riar to b	ACTUAL SIGNATURE DILLES (No. 1) M.D. ADDRESS (Street, city or lown, stote) DATE SIGNED ACTUAL SIGNATURE M.D. FR. S. C.
ould John Pistrar P	PHYSICIAN'S RIVERT & Maher
poge the reg	220. BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or county) (Stote) BURIAL Specify 12/31/57 Cedar Hill Cemetery Suitland Maryland
A15 (4) %	230 FUNERAL PIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS AVE. N. W. DATE JE C 3 1 15 from explanation

S 'A A

DEC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIM	ORE, I	8
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13494	CERTIFIC	CATE OF DEATH	ļ.	Reg. Dist. No. 3531
1. PLACE OF DEATH o. COUNTY	MARYLAN	O STATE	re deceased lived. If institution b. COUNTY	
b. CITY OR TOWN (If autside corporate limits,			14117	Prince George's
RURAL and give nearest town)			utside corporate limits, write RU	RAL and give nearest fown)
d NAME OF HOSPITAL (If not an hospital, give	5 Days	25 Cheve	rly Manor	
OR INSTITUTION	street oddress)	d. STREET ADDRESS	Ch	o. IS RESIDENCE ON A FARM?
or Institution Prince George	's General Hosp.	6306 Kil	mer Street	YES NO
DECEASED	Middle	Lost	4. DATE Month	/
	BNER	SWAILN	DEATH De	
274 7 70	MARRIED NEVER MARRIED			Months Doys Hours Min.
	IDOWED DIVORCED	11 Sep 1880	77 yes.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ketired	Hotel Manager		crorign country) Carolina	US A
13. FATHER'S NAME Benjamin Swain		14. MOTHER'S MAIDEN N	AME J nknown	
15 WAS DECEASED EVER IN U. S ARMED FORCES (Yes no. or unknown) (If yes, give wor or dotes of service)	SP 16 SOCIAL SECURITY NO 17	INFORMANT	Addre	235
(Yes no, or unknown) (If yes, give war or dones of service IDO	(e)	Evelyn Saine	Cheverly,	Md.
IB. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the under- lying cause last. Part II. OTHER SIGNIFICANT CONDITI	Artino s	al Jufare clero tre	tun. and	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR			
ZOc TIME OF INJURY Month, Day, Year Havr a.m. 19	20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	20f (City or town)	(County) (State)
21. I certify that I attended the de alive an 12 162, ACTUAL SIGNATURE PHYSICIAN'S Henry R. Wo		th accurred at 00 f		that I last saw the deceased and an the date stated above. DATE SIGNED 12/17/J*7
Burial Cremation, 225. Date Thereof Burial Dec 19, 1	22c. NAME OF CEMETERY 1957 Fort Lin	or CREMATORY coln Cemetery	22d. LOCATION (City, lown, or Colman Mane	24.5
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240日度で20	BY REGISTRAR 246 REGIST	RAR'S SIGNATURE
F. Gasch's Cons Hy	vattevilla Md.	DATE	W TILLS	luch

DATE

F. Gasch's ons Hyattsville, Md.

VS A1S (4) 15M 9/5S



VS A15 (4) 15M 9/55

13532

3545	CERTIFICATE	OF DEATH

Reg. Dist. No.

Carrie Campbel

1	PRINCE GE	CORGE'S CO.			MARYI	AND	2. USUAL RESIDENCE (WI o STATE	here decease	ed lived, If instit b. COUN		ince befo	re admisse	on)
	6. CITY OR TOWN (IF RURAL and give nec	outside corporate limi	ts, write		TH OF STAY I Months		c. CITY OR TOWN (IF		orote limits, write	RURAL ond	give ned	arest fown	V
	d. NAME OF HOSPITA OR INSTITUTION SUITIBING NU	u (If not in hospital, our sing Home	iva street	address)			d. STREET ADDRESS 2256- High	Stre	et S.E.				PARM?
13	NAME OF DECEASED (Type or print)	LOLA	si		Middle M •		THOMAS	4. DATE OF DEATH	Dce. 1	onth 3th	Do		9 57
	Female	6. COLOR OR RACE	7. MARI		EVER MARRIE		August 12th	1881	9 AGE (In year lost birthdo)			IF UNDER	R 24 HRS, Min.
1	Oo. USUAL OCCUPATION		done 10b.				TRY 11. BIRTHPLACE (Stote		1	rs. 12. C	ITIZEN C	OF WHAT	COUNTRY
1	Housewife	ng itte, even it retired		omest	ic		Washingt	on, D	.0.		US	SA	
ין	3. FATHER'S NAME						14. MOTHER'S MAIDEN I	NAME					
L	Franklin						Sarah J.	Robey					
1	5. WAS DECEASED EVER	IN U.S. ARMED FOR tyes, give wor or doles of a	CES? 16.	SOCIAL SE	ECURITY NO.	0 "	formant laide Truema	n 125		ddress	t. S	E. W	DC.
	Conditions, if on gove rise to Imcosse (o), stating the lying course lost.	he under (c	Sol	onl	tie -	hi	therten sine ent due	SINAL DISEA	SE CONDITION O	GIVEN IN PA	S	PERFOR	DEATH OZ., NUTOPSY RMEDZ/
	(IF EITHER, NOTIFY A	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Ye	or 20d. II	NJURY OC	CURRED while	20e. PLA	CE OF INJURY (Home, form	m, 20f. (Cit	rt (I of item 18.) by or town)		(County)		(Stole)
		or I attended the	deceas 125		and that		7. 19.57. 10.14 accurred at 57.575 1.0. 1418 Form	AM, fro		and an			
11/2	20. BURIAL, CREMATION REMOVAL (Specify) BULL A	Dec. 16-5					CREMATORY metery		ATION (City, town			(Stote)
2	JUNERAL DIRECTOR'S	. ~ ~ /	1	661 ^ Washi	Good H	lope DC	DODE 5 - B	D BY REGIS	STRAR 24b RE	GISTRAR'S S	,	RE Jums	611

BUREAU V. S.

DECENDEN

- 17		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1.000		13495 CERTIFICATE OF DEATH Reg. Dist. No.
r		PLACE OF DEATH . 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY PRINCE CEO
	2	CITY OR TOWN (If outside corporate limits, write DRURAL and give nearest town) APICOL HIGHES 20 YRARS CAPICOL HIGHES
14	4	d. NAME OF HOSPITAL (IF not is nospital, give street oddress) OR INSTITUTION. OR NATIONAL START ADDRESS OR A FARM? OR NATIONAL START ADDRESS OR A FARM? YES NO
		NAME OF DECEASED (Type or print) Ruth Elisabeth Thomas DEATH 12 29 19:57
	S. 1	Ferrale White WIDOWED DIVORCED Fers 12 1894 63 yrs. Months Doys Hours Min.
-1		. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) HOUSE VIFE WAShington DC USA
	13.	NORMAN NALLS BOSSIE V Reed
7		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 62/1 FBNCS+1. Thomas Shapusine Ave
		18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE to] NTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which) DUE TO Securatized nectostasis
		gove rise to immediate cotse (a), stating the under-lying couse last.
	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \text{ NO } \sigma
	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour p.m. 19 A work pl work to work
		21. I certify that I attended the deceased from Oct. 1957, to figure 1957, that I last saw the deceased alive an Lice Land, 1957, and that death occurred at 7 M, from the causes and an the date stated above.
		ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, stole) DATE SIGNED M.D.
1		PHYSICIAN'S PETER DUUS
	220	BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATORE AND STATE COMMENTS.
	7	

TA ATT

· . ^ DEC

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertar. Page 4 should be cremotion, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) n. COUNTY o. STATE Maryland MARYLAND Prince George b. CITY OR TOWN (If outside corporate times, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Benedict Cheverly 37 days ector. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Prince George General NAME OF 4. DATE Middle 용 or your registr funeral DECEASED OF DEATH 104E (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAT Colored WIDOWED -DIVORCED T Male 3 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during post of working life, even if retired) pup 1a roues 13. FATHER'S NAM! Pages 1, 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO [Yes, no, or unknown] executed within in pencil in Item 18. Give clong with form PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial-transit **DUE TO** Conditions, if ony, which certificate should be gove rise to Immediate couse **DUE TO** (o), stoting the underlying couse lost. ner's Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 00 CERTIFICATION pending" 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter-PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL EXAMINER: Th's rytificate, writing the word 'a the Chief Medical Exam
DIRECTOR: Page 3 shauld MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 200. PLACE OF factory, s Hour o. m. While Nat while of work of work p. m. 2). I certify that I took charge of the remains described above, death resulted from; Natural causes Accident . ACTUAL SIGNATURE DEPUTY EXAMINER'S Dr. John T. Lynn cute thr NAME (Type) 22c. NAME OF CEMETERY OR CRE 220 BURIAL CREMATION. b THEMOYAL (Specify) ST MARCI 0 DURIAL

23. FUNERAL DIRECTOR'S SIGNATURE

VS ATSME(S) 5M 9/55

ADDRESS

3534

e. IS RESIDENCE ON A FARM?

YES P NO

Year

19 67

Reg. Dist. No.

Day

26

Charles

Month

10

In JURY (Home, form, 20f. (City or tawn) In JURY (Home, form, 120f. (City or tawn) In JURY (Home, form, 120f. (City or tawn) CHIEF MEDICAL EXAMINER CITIZEN OF WHAT COUNTRY? Address Addre	, ,			Ç	
ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) FINJURY (Home, form, reet, office bidg., etc.) CHIEF MEDICAL EXAMINER DEPUTY MEDICAL	E OF BIRTH	9 AGE (In years, Jost builteday)			
MANT Address MANT MITERYA, RETWEEN ONSET AND DEATH ONSET AND	-19-02	Deg Deg	Months Days	Hours	Willia.
Address MANT Address MANT Address MANT Address MAR Address MAR MARCHIEF BEREDICH MASET AND DEATH ONSET AND DEATH PERFORMED? YES NO PERFORMED? YES NO PORT OF THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT OF THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT OF THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO OTHER OF THE PERFORMENT OF THE PROPERTY OF	3. BIRTHPLACE (State or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY?
Address MANT Le Loye, Benedich ML Interval Retween ONSET AND DEATH Concerning After Middle t losen Colors ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE NOTE: INJURY (Home, form, 20f. (City or town) (County) (State) The day of the performance of the performan	Marylano	l	4	5	4.
Solution Soluti	MOTHER'S MAIDIN NAME	B.			
Solution Soluti	fant Gal	es			
In far chiese The first of the terminal disease condition given in Part 1(0) 19. Was autopsy performed? Yes no finitury in Part 1 or Part 11 of item 3B.) Finitury (Home, form, 120f. (City or tawn) (County) (State) Theid an Autopsy , Inspection , Inquiry , and find that , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER . AATORY 22d. LOCATION (City, town, or county) (State) The Carly of the pregistrar and permit an	MANT	Address	. / \	0	
In far chiese The first of the terminal disease condition given in Part 1(0) 19. Was autopsy performed? Yes no finitury in Part 1 or Part 11 of item 3B.) Finitury (Home, form, 120f. (City or tawn) (County) (State) Theid an Autopsy , Inspection , Inquiry , and find that , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER . AATORY 22d. LOCATION (City, town, or county) (State) The Carly of the pregistrar and permit an	re Joye, &	Denedu	ch n	L.	
ELATED TO THE TERMINAL DISEASE CONDIT.ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. INJURY (Home, form, 20f. (City or tawn) (County) (State)	In farction				
ELATED TO THE TERMINAL DISEASE CONDIT.ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. INJURY (Home, form, 20f. (City or tawn) (County) (State)	inte				
PERFORMED? YES NO NO NO NOTICE INJURY (Home, form, 20f. (City or tawn) (County) (State) FINJURY (Home, form, 20f. (City or tawn) (County) (State) Theid an Autopsy , Inspection , Inquiry , and find that , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER AATORY 22d. LOCATION (City, town, or county) (State) AATORY 22d. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	1	dle + low	n Colles		
PER MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ANTORY 22d. LOCATION (City, town, or county) ACLIANTED AND ACT OF THE PROPERTY OF THE PROPE	ELATED TO THE TERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(o)		
County C				_	
held an Autopsy , Inspection , Inquiry , and find that , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER	nature of injury in Part I or Part II	of item 18.)			
held an Autopsy , Inspection , Inquiry , and find that , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER					
CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPU	F INJURY (Home, form, 20f. (Cit treet, office bldg., etc.)	y or tawn)	(County)		(State)
CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPU	held an Autopsy 🔲, I	nspection ,	Inquiry [, and	find that
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ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER AATORY AATORY 22d. LOCATION (City, town, or county) CAT 240. REC'D BY REGISTRAR 240, REC'D BY REGISTRAR				D 4 98	CIONED
DEPUTY MEDICAL EXAMINER AATORY 22d. LOCATION (City, town, or county) ACT	CHIEF MEDICAL EXAMINER]		/	JI J
22d. LOCATION (City, town, or county) (Stote) (Stote) 240. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE	ASSISTANT MEDICAL EXAMINI	ER 🔲	13	-/2	1.167
240. REC'D BY REGISTRAR 240, REGISTRAR'S SIGNATURE 21 DEC 3 1 '57'	DEPUTY MEDICAL EXAMINER		1	12	١٥١
240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	AATORY 22d. LOCA	ATION (City town,	or county)	/ (Sto	te)
X/ her 2 1 '57 I have buch	cm lac	7	1	d,	
DAIR	X/ DEC 2		STRAR'S SIGNA	UE	
	DAIR DES				

milliping V. S.

DEC : DEC

VS A15 (4) 15M 9/55 (C)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13423 CERTIFICATE OF DEATH

Reg. Dist. No.

13535

I.	707.0			K	1g. DIST. 140.	
	. PLACE OF DEATH COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla:	nd b. COUNTY P	Residence befo rince	Georges
,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park, Md.	5 months		tside corporate limits, write RURA e Park, Md.	Lond give ned	arest fown)
	d. NAME OF HOSPITAL (If not in hospital, give street or institution Road	ot address)	d. STREET ADDRESS	1 Road		ON A FARM? YES NO.
	3. NAME OF First DECEASED (Type or print) Frank	Middle V	rana Sr.	4. DATE Month OF DEATH Decemb	er 13,	y Year 19 57.
	mala white	RRIED NEVER MARRIED D	B. DATE OF BIRTH Jan 29, 1888		UNDER 1 YEAR onths Days	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10 dvring most of working life, even if retired) Retired	b. KIND OF BUSINESS OR INDUS Machinist	Czecho-slo		US A	F WHAT COUNTRY?
ľ	I3. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME		
1	Martin V Vr	ana	Unknown			
	S WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (It yes, give wor or dotes of service)		romant Frank Vrana J	Address r College Pa	rk, Md	
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO	OVANCED	ARTELIOS	CLELOSIS	?	YEALS
	PART II. OTHER SIGNIFICANT CONDITION 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CIFETHER, NOTIFY MEDICAL EXAMINER	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 1	PERFORMED? YES NO SE
		ESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort I or Port II of Item 18.)		
	Hour a.m. Whi	f-	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County)	(State)
	21. I certify that I offended the deceded alive on 12 / 12 ACTUAL SIGNATURE 15 / 12	and the same of th		2/13, 1957,th AM, from the causes and ADDRESS (Street, city or town, stot) Callage C	on the da	aw the deceased ite stated above. DATE SIGNED
	PHYSICIAN'S C. LOUIS	MENDEL	Colle	a Parke)	nd	
Y	270. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 12/14/57	22c. NAME OF CEMETERY O	DR CREMATORY	22d LOCATION (City, town, or co	ounty)	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		1 4 3	AR'S SIGNAZU	RE
	Francis Gasch's Sons	Hyattsville N	DATE DE	C17'57 ("12)	educh	

M & UATE L

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physician

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15M 9/55

within 24 hours ofter death.

EURENO N Z

DECENALED AND

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

THE FUNCEL DIRECTOR: After this certificate has been signed by the attending pusician and completely filled in by the funeral director, page and be letached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/S5

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MARYLAND STAT	E DEPARTMENT	OF	HEALTH-BALTIMORE,	18
13497	CERTIFICATE	OF	DEATH	Res

3. NAME OF OCCUPATION (First Jacob Webster Lost OF DEATH Doc 13 Doy Tec OF OF DEATH Doc 14 Doc 14 Doc 15 Doc		3537	Reg. Dist.		I	DEATE	ATE OF	RTIFIC	97 CE	34	1			
d. NAME OF HOSPITAL (If not in hospital, give street address) This Turious George General Hospital 3. NAME OF HOSPITAL (If not in hospital, give street address) This Turious George General Hospital 3. NAME OF HOSPITAL (If not in hospital, give street address) This Turious George General Hospital 3. NAME OF HOSPITAL (If not in hospital, give street address) This Turious George General Hospital 3. NAME OF Hospital 4. Date Of Birth Dec. 13 Doy Tec. OF DEATH Dec. 14 Date Of Birth Dec. 15 PAGE (In years If Under I YEAR If Under I YEAR							2 USUAL I	MARYLAND			rce George	LOUNTY Prin	1. [
3. NAME OF DECEASED (Type or print) 5. SEK 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH Dec. 13 Doy Text (Type or print) The print T	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)													
OF COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH L=2-772 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 1 YEAR		ON A FAR	SE	t Rd,	New Fo		3 _ "		Hospital	give sire	AL (If not in hospital,) communication General	PRINSTITUTION O		
10a USUATOCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR (NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COURTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rebesa Cline 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 19. Cause (o), storing the under: 19. Cause (o), storing the un	57	Doy Year	г. 13		Of	Lost						DECEASED	. 6	
Retired Harrisburg, Va. 13. FATHER'S NAME Robert Webster 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17 INFORMANT Robert Webster 16. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cenditions, if any, which gave rise to immediate couse (o), stoting the under: [b] DUE TO Cenditions, if any, which gave rise to immediate couse (o), stoting the under: [c] [c] [c] Retired Harrisburg, Va. HARRISBURG, Va. Rebecca Cline 14. MOTHER'S MAIDEN NAME Rebecca Cline Address Same as above INTERVAL BETWOONSET AND DI ONSET AND DI ONSET AND DI ONSET AND DI OUE TO Cenditions, if any, which gave rise to immediate couse (o), stoting the under: [b] DUE TO Cenditions of the under: [c] DUE TO [c]	24 HR5. Min.			last bir (agoy)		72	4-2-	VORCED 🔲	WED 🖺 DIV	WIDO	White	N-3- /\1		
Robert Webster 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yet, no. of unknown) III yes, give wor or date of service) I/O I/O Alice Beverage Same as above 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Oronary Thrombosis Conditions, if any, which gave rise to immediate couse (o), storing the under- lying cause last. (c) ONE TO OUE TO	DUNTRY?				_					done 10	ing lite, avan it retired	buring most of works	100	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address [Yes, no or unknown]					AME	R'S MAIDEN I	14. MOTH					FATHER'S NAME	13.	
(Yes, no or unknown) I (If yes, gree wor or dates of service) IIO Alice Beverage Same as above INTERVAL BETWOONSET AND DI Conditions, if any, which gave rise to immediate couse (o), stoting the yender. Iying cause last. (c) (d) IVO Alice Beverage Same as above INTERVAL BETWOONSET AND DI ONSET AND DI OUE TO OUE TO (c) (c)				le	ca Cli	Rebe				r	ert Webste	Robe		
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PERFORM	TORCY.	le was auto		2	cien	affi	/ Jus	rolic)	yoca		y, which) (b) nmediate he <u>under:</u> (c)	Cenditions, if any gove rise to im couse (o), stoting the lying cause last.	2	
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20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY Home, farm, foctory, street, office bldg., etc.) While Not white of work of work of work of work of work.	MEDICAL													
21. I certify that I attended the deceased frame of 9, 1927, to Dec 13, 1927, that I last saw the declive on Dec 13, 195, 19, and that death accurred at 6,05M, from the causes and on the date stated ADDRESS (Street, city or town, state) ACTUAL SIGNATURE or B, Bachnach MDMD, 915, 1988. 7.21- Dec 1	(
PHYSICIAN'S Louis B. Backrack Washington & C			00	ton &	hing	Vas.	7		ck	ckra	ouis B. Ba	PHYSICIAN'S T.		
220 BUR AL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) Dec. 16, 1957 Clunen Cemetery Marlington, West Va.												REMOVAL (Specify)	220	
23 FUNERAL DIRECTOR'S SIGNATURE 1 361 - Good Hope Rd., SE 240. REC'D BY REGISTRAR - 246 REGISTRAR'S SIGNATURE DEC 1 6 57 DATE		ATURE .		24b REGIS	DEC 1 6	24a. REC' DATE	SE	e Rd.,	Good Hop	56 <u>1</u>	SIGNATURE 1	EMERAL DIRECTOR'S	23 Z	

BUREAU V. R.

DEC 1 DEC

1	- MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
FOR STATE	13498 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
FOR STATE HEALTH DEPT.	Reg. Dist. No.	
9 % 2	PLACE OF DEATH COUNTY Prince Georges MARYLAND 2 USUAL RESIDENCE (Where deceased I ved if institution Residence before admissi STATE Maryland 6 COUNTY Pr. Geo.	on)
Page les.	b CITY OR TOWN IN outside corporate limits, write RURAL ord give nearest town	
# # # # # # # # # # # # # # # # # # #	and give rearest lows)	J
d y d	Cheverly D.O.A. XO BOWLE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS [e 15 REC	PENI F
80 d d	Prince Georges General Hospital Box 281	FARM?
45 To 10 To	NAME OF First Middle (or) 4 DATE Heath	
de fu	DECEASED (Type or print) Calvin Gerard Williams December 26 19	57
any o th h th offe	SEX 6 COLOR OF RACE 17. MARRIED TO NEVER MARRIED TO NEVER MARRIED TO SEX 9 AGE (19 1907). IF UNDER LYFAR IF UNDER	
A STATE OF THE STA		Vlin.
2 ho 5 ho	00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT CC	DUNTRI
Page 1 or	**************************************	
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3. FATHER'S NAME	
Page P	Francis Wilbert Williams Gertrude Violet Arnold	
# 3 THE T	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (b), no, at unknown] (If yes, give war or dates of service)	
THE THE PARTY OF T	No Father; same address as # 2.	
m. 18 mg . mg . mg .	18. CAUSE OF DEATH [Enter only one course per fine for (a), (b), and (c)]	
tre de la company de la compan	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Rronchopneumonia	
Tice over the control o	44/X OUE TO	
igi of	Conditions, if ony, which gove rise to immediate couse	
or or	(e), sleting the underlying DUE TO	
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india Fed a	PERFORM	NO I
dico dico	200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part t or Part It of Item 18.)	, C L
Me Me	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18)	
hier th		(State)
Ne se	Hour o. m. While Not while foctory, street, office bidg., etc.)	
Page Pri	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and	in my
EXX.	opinion death resulted from: Natural causes 11, Accident . Suicide . Hamicide . Undetermined manner	
Ficos Ficos CTC CTC		NIPP
forv forv forv atec	SIGNATURE DATE SIG	HED
A Se Marigan	EXAMINER'S	
5	NAME (Type) John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER December 26, 195	7
A STATE	20 BLRIAL CREMATION. 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, loop, or county)	
5 , 5 ,	3 FUNERAL DIRECTOR'S SIGNATURE, ADDRESS 240, REC'D BY REGISTRAR SAIGNATURE	
VS. A15ME .	John T. Rhines + Co. 901-30/84: DATE DEC 3 0 '57 (200)	
5M 2/57	DATE OLOGO ST.	
	The work of the state of the st	



BUREAU V. E.

VS A15 (4) 15M 9/55 13539

13499

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH PEOPHYCE GEORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATEN OP the Caroling OUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ahoskie
d. NAME OF HOSPITAL (If not a hospital, give treet oddress) Profitte Bur Charges County Hospital	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Plary E. Willoughby	Lost 4. DATE Dec. 5, 1957 19
female 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 7/23/91 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS Object Object
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Housewife	STRY 11 BIRTHPLACE (Stole or foreign country) North Carolina 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Odom	14 MOTHER & MAIDEN NAME Levenia Prichard
	es. George Diggs Fortsmouth, Va.
200 ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW INJURY OCCURRE	Pherotherm boss NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO PL D. [Enter noture of injury in Port 1 or Port II of item 18]
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e.m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) clory, street, office bldg., etc.)
	accurred at G. P.M. from the causes and an the date stated above ADDRESS (Street, city or Jown, stole) DATE SIGNED M.D. 7 49912 vn vn J. Janobve H. J.
220 BURIAL, CREMATION, 226. DATE THEREOF TEMOVAL (Specify) 12/6/57	OR CREMATORY 2nd LOCATION (City town, or county) (Stote) Ahoskie, North Carolina
23. FUNERAL DIRECTOR'S SIGNATURE Company Washingto	h St. 1/24d/REC'D BY REGISTRAR 246_REGISTRAR'S SIGNATURE

BUREAU V. S.

DECEDARIO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13540 13500 **CERTIFICATE OF DEATH** Rea. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institutions Residence before admission) COUNTY Prince George's should be filed **b.** COUNTY **MARYLAND** Marvland P.G. deoth. b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Lakeland Chetrerly d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION 5001 Navahoe Avenue YES NO nce deorge's General NAME OF DECEASED First 4. DATE Middle East Month Day Yegr 195 (Type or print) DEATH Dec 5. SEX 7. MARRIED NEVER MARRIED 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. completely lost birthday] Months Days WIDOWED T DIVORCED popers. 60 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo LUDOFT 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME NKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. 4 IMMEDIATE CAUSE (o) **DUE TO** á permif. Conditions, if any, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 19. WAS AUTOPSY PERFORMED? YES IN NO CHENEDHA61, S 200 ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Pert II of item 18.) WEDICAL 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) Hour a.m. While Not while of work of work p. m. 21. I certify that Lattended the deceased from 10 19 A mat I last saw the deceased alive on and that death occurred at... _M, from the causes and an the date stated above. L DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) FUN 220/BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (Gity, tayin, or county) REMOVAL (Specify) 9 23. FUNERAL DIRECTOR'S SIGNATURE 24d REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

executed within

BUREAU V. S.

DEC 15 m

VS A15 (4) 15M 9/55

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	13501 CERTIF	FICATE OF DEATH	Reg. Dis	t. No.
١.	PLACE OF DEATH COUNTY YIMEE HELY SE MARYL	C STATE	b. COUNTY	e before admission)
	b. CITY OR TOWN (If outside corporate limit, write C. LENGTH OF STAY II BURAL and give negrest town) 3/45	N 1b. c. CITY OR TOWN (If ay	utige corporate limits, write RURAL and g	ive negrest fown)
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d STREET ADDRESS	ST.	ON A FARM? YES NO IS
3	NAME OF First Middle	Tud lost	4. DATE Month	Day Year
5.	(Type or print) SEX 6. COLOR OR RACE 7. MARKIED NEVER MARRIED		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 TYEAR IF UNDER 24 HRS
10	DIVORCED	<u> </u>	12/2 427/1/V	ZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NA	make "	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO	17. INFORMANY	Spitznos Address	
("		mother	- 95	above
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) } PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	aterity		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (o), stating the <u>under-lying cause lost.</u> DUE TO (c)			
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Po	ort I or Parl II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2 Haur a. m. p. m. 19 While Not while of work of work	20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)		ounty) (State)
	21. I certify that I attended the deceased from 12/1	19.57, ta	/. / . /	ast saw the deceased
	ACTUAL SIGNATURE William Brain	déath occurred at <u>1/4/7</u>	.M. fram the couses and an the DDRESS (Street, city or town, state)	DATE SIGNED
	PHYSICIAN'S WM BRAININ	M.D. C.A.A.	tot Het me	
22:		TERY OR GREMATORY	22d LOCATION (Chy, town, or county)	(Stote)
73	FUYERAL PIRECTOR'S SIGNATURE ADDRESS	July 1, 1240, REC'D	BY REGISTRAR 245 REGISTRAR'S SIG	NATURE
	June Harry	JUL POMIC	- or transport	

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived - Finstitution: Residence before admiss a i) **6 COUNTY** Prince Georges c. CITY OR TOWN (if outside corporate limits, write RURAL and a ve nearest town) Piscataway S RESIDENCE ON A FAPAL A STREET ADDRESS. Livingston Read YES NO 4. DATE DEATH December 19 IFUNDER TYEAR IF UNDER 24 HRS AGE in reers lost birthday) Months Days Hours 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Virginia 14. MOTHER'S MAIDEN NAME Ellen Rebecca Wilt Address Margaret Woods; same address as INTERVAL BETWEEN DINSET AND DEATH Rilateral Cortical Necresis of Kidneys Rilateral Lobar pneumonia PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RETAILED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101/19, WAS AUTOPSY PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Fort 11 of item 18.) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, a 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy 📆, Inspection 📆, Inquiry 📆, and in my apinion death resulted from. Natural causes 📆 Accident 🧻 Suicide 🗍 Hamicide 🗍 Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER [7] ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Devember 15, 1957 22d_LOCATION (City, town, or county) ADDRESS 246 REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR DEC 18

MINERO N. E.

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17/19/2019

DEC 83 1821

Reg. Dist. No.

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1.	o. COUNTY Prin	ce George	S	MA	RYLAND 2	o. STATE Penn	(Where decease	ed lived. If instituti b. COUNTY		before odn	nission)	
	b. CITY OR TOWN (IF RURAL and give net Chever I	outside carporate limi		c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	d. NAME OF HOSPITA	Ψ		oddress)		d. STREET ADDRES	irnbrool	<u> </u>	X-3	ON	RESIDENCE A FARM?	
	NAME OF DECEASED (Type or print)	Marv		Midd	-	Lesi	4. DATE OF DEATH	Mon		Doy	Year	
-	SEX	6. COLOR OR RACE	7		Zor	DATE OF BIRTH	DEATH	De De		CEADINE IN	19 5	
	Female	White	WIDOW			3/12/188	9	9. AGE (In years last birthday)	Months De	ays Haui	-	
100	during most of works	N (Give kind of work og life, even if retired	dane 10b.	own home	OR INDUSTR	Pa	State or fareign	country)		A A	AT COUNT	
13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME		1			
	Unkr	nown				Ur	known					
5. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY N	-	ormant spital re	ecords	Chever				
RTIFICATION	PART 1. DEAT A Conditions, if on gave rise to im couse (o), stoling fl lying couse lost. PART II. OTHI 20a. ACCIDENT WAS OR CONTRIBUTING	mediate DUE TO LE	DITIONS C	tonoselo	VOTE DEATH BUT NO	OT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV		5 7/2 (0) 19. WA	OUT)	
MEDICAL CI	20c. TIME OF INJURY Hour o. m. p. m.		ar 20d. It While at work	NOT while of work		OF INJURY (Home, y, street, office bldg.		y or town)	(Cou	nty)	(Stat	
	actual SIGNATURE	ANS W	decease 125 Urcold	2 and the		30-C R/D	ADDRESS IS	m the causes of street, city or town, Rel GREEN	and an the state)	date sta	e decea pied abo DATE SIGN 2-23-	
	BURIAL, CREMATION REMOVAL (Specify)	7° YZ/279	57	Grand V	METERY OR C iew Ce			ns town		(St	late)	
	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		240.	REC'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIGN	ATURE		
	F. Gase	ch's Sons	Hya	ttsville	Md.	DATE	DEC 2 6 '5	7 0001		1		

THE PROPERTY AND THE PROPERTY OF THE OWNER, WHICH CENTRICATE OF DEATH

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